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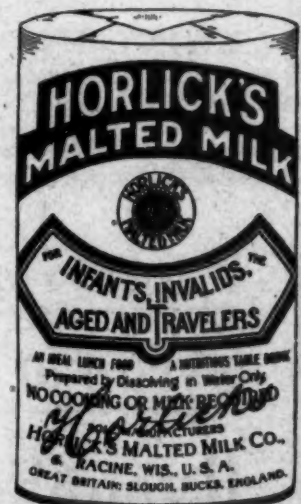
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General Scientific

FIFTY AND EFFICIENCY.

An Article on the Possibility of Renewing Physical Efficiency After Fifty Years of Age.

WILLIAM G. ANDERSON, M.D., Dr. P.H., M.Sc.,
DIRECTOR OF PHYSICAL EDUCATION IN YALE UNIVERSITY,
New Haven, Conn.

It might be well to state at the outset that this article is for the adult and not for vigorous, growing youth. It is for the man who has stepped over the half century threshold and who, perhaps, for the first time is aware that there is a stomach, that possibly laxatives are good for something, that he feels like sitting down more than usual, that the food that made mother famous has lost its flavor, that the temper is harder to control, that he is peevish, that it is pleasanter to ride than walk, that the gait slackens, that he begins to look backward quite a bit, in short, he feels the weight of the grasshopper.

I appeal to any person who is losing his mental or physical efficiency, whether he is fifty or sixty years of age and by efficiency I mean that combination of elements which enables one to accomplish without too rapidly increasing fatigue his usual work, that gives elasticity to his attitude towards life and keeps alive his healthy ambition.

Inefficiency comes to that man who is unable to keep up with the rapid advance of the times, whose inelasticity prevents his changing his habits, who is in a rut and who seems to forget that electricity has displaced gas, that street cars are no longer pulled by horses. He cannot adapt himself to the requirements which the twentieth century demands, hence wonders why his patients think he is old fashioned and want a younger man.

This man's body is greatly to blame, for it has not renewed its youth and tends to hold him back. The head and front of my article is to tell the sixty-year-old man how, in a measure, he may prevent rusting out and how very simple the whole process is.

At the outset let me try to make it clear that the brain substance is as much a part of the body as the neuro-muscular machinery and is affected by proper exercise and right living in an equally effective way, that the organs of the body are of greater worth than big muscles and must be supplied with fresh arterial blood several times daily.

I do not say that the following directions form the whole and the only thing in physical training for the adult, but they are extremely good.

In addition to the emphasis placed upon excellent posture I strongly recommend a few minutes daily devoted to rapid walking with free arm swinging, or as they say in some parts of the country, "Just cut loose." This is for the heart and lungs. It is imperative that the lungs be filled to their uttermost parts several times daily and that the heart be made to do more than the work required by sedentary habits and the automobile. *En passant*, the automobile is doing a heap of mischief to old and young, because there is less time for exercise and more time for smoking and "lazing." If dignity forbids rapid walking during the daylight hours, then try it after dark.

There are several exercises, only three, to be mentioned in a second article, which are most helpful in producing the chemical changes in the neuro-muscular tissues necessary for growth and development in a man over fifty years of age.

It is taken for granted that in urging careful exercise and correct posture, we are dealing with non-pathological cases, also that exercise, *per se*, is only one factor in renewing our youth for diet, sleep, rest, play, change of mental activity and repose all exert an influence and, even knowing that our next statement will produce a yawn, let me assert strongly "Moderation is necessary."

The scheme of bodily development adopted by some men reminds me of the following: A landlady handed her boarder a cup of coffee and remarked: "It looks like rain!" "Yes," he responded, feebly, "but it smells a little like coffee." Quite a bit of our exercise "smells" like physical training.

Of the straws indicating the wrong direction of the wind, let me refer to the loss of memory for little things, the dependence upon stimulants. Some men must have coffee as soon as they are seated at the breakfast table and any modification of the first meal program is followed by an outburst of feeling. No healthy man will thus give way to an exhibition of temper. This may not be a pleasant diagnosis but it is true.

It is unnecessary to further rehearse the list if signs that announce the approach of inefficiency, but as a parting shot let me say "Your looking glass may reflect

back physical signs if you will make a study of your own nude body."

I have lately read from what seems to be a reliable source that 85 per cent of the men sixty years of age or older are dependent upon others for support and this because the physical machinery has given out.

No attempt will be made here to offer a remedy for the various ills that most of us have made our own flesh heir to, but there are a few ways of meeting the unwelcome efforts of our own lack of faith in prophylaxia and our own short-sightedness in being poor business men for success depends upon the integrity of the body as well as upon a good business head.

However, these very simple exercises coupled with a greatly improved posture will do wonders, and I have not the slightest hesitation in prophesying that any one over fifty or sixty can accomplish much if he will only follow the suggestions here made.

What is one of the very first signs of growing physical weakness? A drooping figure. In most cases the head is carried forward and to one side, the shoulders are slightly or decidedly round and there are moderate curves in the spine which deviate from the normal, but these we find in nearly every young man we examine, but with the weight of years there is a stoop that comes insidiously but surely. This stoop is accompanied by a falling of the chest walls, which in turn cramp the thorax and interfere more or less with the free action of the heart and lungs. Slowly, imperceptibly this change comes and we, poor mortals, accept it because it is "customary and expected."

So is a dirty face "customary and expected" if we fail to use water, but soiled face and hands are unhygienic and so is the increasing forward curve (kyphosis) of the spine.

The high chest which is an indication of strength and manly beauty, fades away or drops lower and lower until the prominent abdomen and projecting hips which are most unsightly and equally unhealthy, take the place of a finely moulded thorax.

Again, the drooping figure causes the abdominal muscles to relax and the never-ceasing pressure of the abdominal contents against the muscular bands across the front and around the sides of the waist line (rectus abdominalis, the oblique muscles and the transversalis) cause a rotundity that even in slender persons is well nigh repulsive.

How true this is in the case of women who, most of the time, are able to conceal the disfigurement by corsets but stays and abdominal girdles only hide, they do not cure. The use of these devices is like painting over a rust-covered surface, the rust remains and eats away the substance.

I wish our men would study, honestly, their own manly forms before a large mirror, if so they would at once instinctively adopt the best remedy for the defects, that is, the arching of the chest, the drawing in of the abdominal muscles and the assuming of a correct standing position and here we have the law and prophets of a complete and most effective remedy, namely, the assuming and maintaining good posture.

Dr. Joel Goldthwait, of Boston, in his paper read before the American Physical Education Association in Philadelphia, April 9, 1909, said:

"It should next be remembered that the pelvis represents the structural base of the body, that all of the trunk muscles are attached to it, that practically all of the thigh muscles are also attached to it, and that if for any reason the structural base is weak, the muscles that are attached to it, since they cannot act normally, must become weak. This means that it is useless to expect the muscles to regain their proper tone if the base to which they are attached is weak.

"Not only this, but it is unfair to expect that the body will be held in proper poise or used with normal freedom if the pelvis is weak, since the muscles cannot have their proper tone and the correct position must be difficult, if not impossible to maintain. Not only is the proper tone of the pelvic joints of importance in maintaining the poise of the body, but if for any reason the correct poise is impossible, it means that not only is the posture imperfect, but that the viscera will be less well supported and their function less perfectly carried on. If the body is erect, the abdominal viscera are held in place by the muscles and by certain



Fig. 1. A Diagram Illustrating the Attachments of Some of the Most Important Muscles Which Keep the Body in the Erect Posture.

I. The muscles of the calf. II. Those of the back of the thigh. III. Those of the front of the thigh. These tend to keep the body from falling forward.

1. The muscles of the front of the leg. 2. Those of the front of the thigh. 3. Those of the front of the abdomen. 4, 5. Those of the front of the neck. These tend to keep the body from falling backward. The arrows indicate the direction of action of the muscles, the foot being fixed. — From Huxley's "Physiology."

arranged as to act not as instruments of progression, but of prehension; and with the head so balanced on top of the spine that the face and eyes look directly to the front. His bones, joints and muscles are constructed and arranged so as to enable him to preserve the erect attitude without fatigue. In other vertebrata the axis of the spine is oblique or horizontal; the hip and knee joints are permanently bent at a more or less acute angle; the limbs corresponding to the human upper extremities are, in the form of legs, wings or fins, instruments of progression; and the head is articulated with the spine at or near the hinder end of the skull."

An improved attitude may be gradually taken by an adult and with repeated effort or repetition will beget excellent results, but it must be assumed several times daily and held for only a few moments. At first it will seem as if the hinges of the body needed oiling and there may be some slight distress, but nothing good comes of its own accord and without effort.

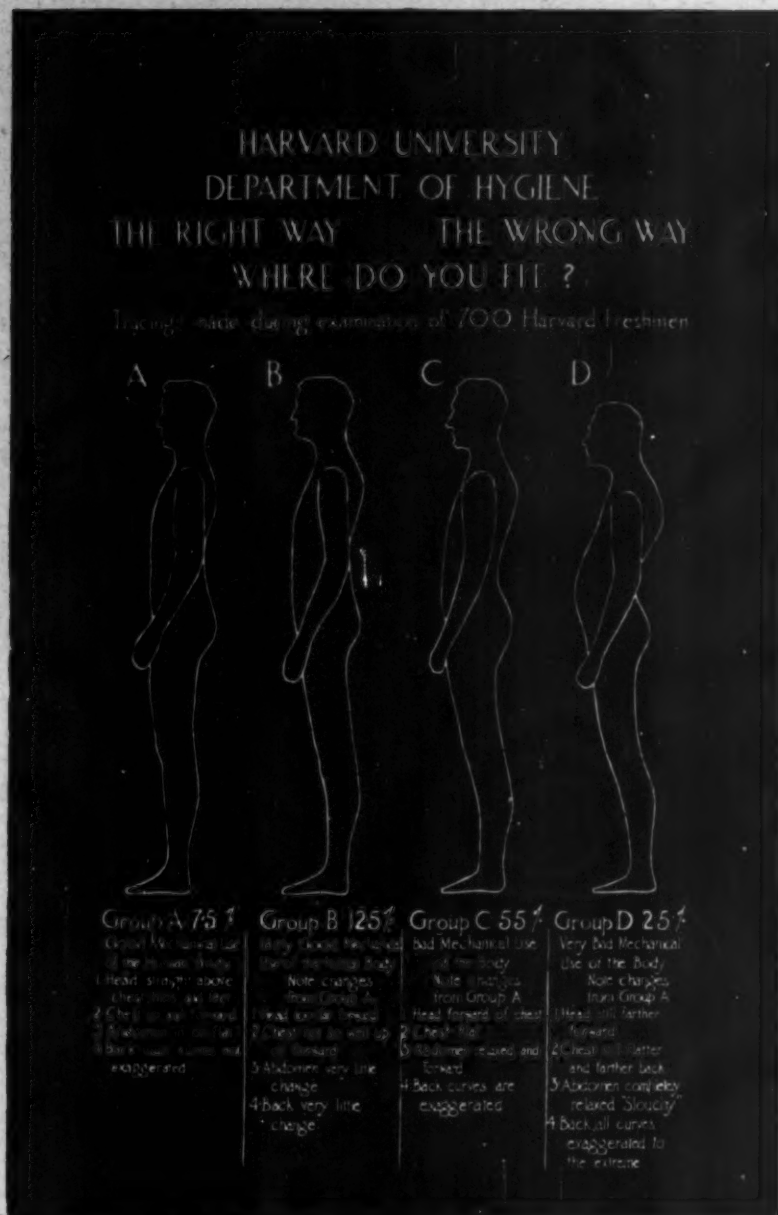
In a comparatively short time a habit will be formed and as the weeks go by one will be astonished at the ease with which the erect carriage is maintained and delighted with the hygienic and aesthetic results.

When carrying out this scheme of physical training no gymnasium is necessary and the only piece of appa-

anatomical supports which lose their effect when the body droops, and it is because of that that many of the displacements of the viscera take place.

"Not only is this true, but if for any reason the erect posture is impossible the spinal muscles become still farther weakened as a result of the strain which must be thrown upon them, and with this weakening of the muscles about the spine the circulation in spinal cord must also be interfered with—a fact which explains many of the nervous phenomena seen in such cases."

On this point Huxley says in his "Physiology": "But man possesses certain special or distinctive anatomical characters. The most noticeable, as seen on an external examination of his body, is his erect position. He is, indeed, the only living creature that can walk or stand erect, i. e., with the axis of the spine vertical; with the hip and knee joints capable of being fully extended, so that the leg is brought into line with the thigh; with the foot so planted on the ground that it rests on the heel behind and on the roots of the toes in front; with the upper limbs so arranged as to act not as instruments of progression, but of prehension; and with the head so balanced on top of the spine that the face and eyes look directly to the front. His bones, joints and muscles are constructed and arranged so as to enable him to preserve the erect attitude without fatigue. In other vertebrata the axis of the spine is oblique or horizontal; the hip and knee joints are permanently bent at a more or less acute angle; the limbs corresponding to the human upper extremities are, in the form of legs, wings or fins, instruments of progression; and the head is articulated with the spine at or near the hinder end of the skull."



ratus called for is the straight edge of a door against which our "Decrepit" should stand twice daily and, grasping the door knob hug the edge of the door with as many parts of the back of his body as possible. He should not bend the head backward, but press the back of his neck against his collar.

The edge of a door has psychological as well as a physiological worth, because it develops a muscle sense that is a stimulus when one tries to stand well.

Remember that when sitting one should not put the hinge in the dorsal region of the spine and "loll" over the table, but should bend forward from the hips with the thorax arched. In a short time the incorrect attitude will cause fatigue, while the improved position is restful.

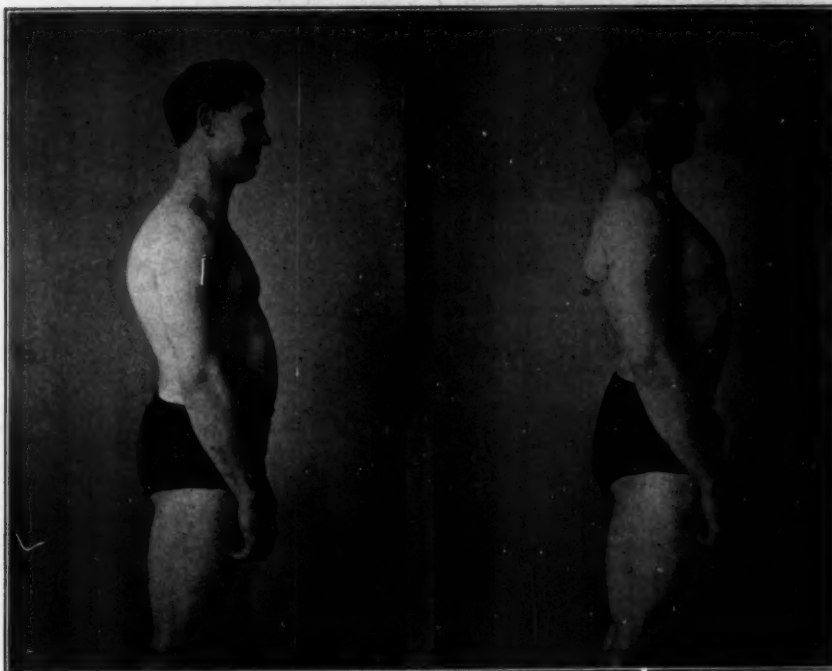
While on the streets, or riding, or at a lecture, or in church, never bend forward except from the hips, when

walking or after arising from a sitting position take the attitude of a soldier. This can be done without becoming too "chesty."

I give herewith two sets of pictures; the half-tone is taken from photographs of a young giant at Yale, who caught a glimpse of himself in a large looking glass and immediately "braced up." While his improved posture is not ideal it is at least better than his usual attitude, which can be at once noted.

The outlines are from a set of pictures taken at Harvard and show various standing positions. They need no comment aside from the fact that few indeed among our young men or old men stand well and conform to Figure A.

If our youth stand thus and no effort is made to better their positions, of course middle age will have not only the burdens of business and home responsibilities to



carry on their already round and stooping shoulders, but they will also find their spines still further curved, the shoulder blades wing like, and consequently less able to carry both burdens.

Why give so much attention to POSTURE? Because it was posture that developed the defects, because no gymnasium is required, because no apparatus whatever is needed to cure the abnormalities, because the remedy can be taken often and at any time during the waking hours, because it costs nothing, because with most men it is the only thing they will do, for they surely cannot and will not go to gymnasia.

Will it pay? It is the best investment a man can make and if he will form the habit he will never regret it no matter what his age, but if he is not willing to at least make this simple effort then he must continue to pay the price or possibly read up on the works of Lydston & Voronoff.

Before closing let me further help him who is willing to make some effort to retain his efficiency: "I forget" is a too common statement, then place in the corner of your looking glass a card and when you see it "stand up." Have on the desk some little token that will remind you of your exercise and that will stimulate you. Acquire the habit of watching other men and possibly if they are showing the effects of early ageing you may murmur as you arch your chest and quicken your pace, "Thank God, I am not as thou art."

THE PATULOUS EUSTACHIAN TUBE.

HAROLD HAYS, M.D., F.A.C.S.,
New York

The Eustachian Tube is mainly responsible for interference with hearing, and the more that one is impressed with the fact that this little opening into the ear needs strict attention whenever the least symptom of deafness is complained of, the better off the large mass of people will be. As the hearing depends almost entirely upon the maintenance of proper air pressure in the middle ear, it can plainly be seen that interference with this pressure, due to derangement of the Eustachian tube, will cause

permanent harm, unless rectified in the early stages. Alterations in pressure in the middle ear are usually due to stenosis of the Eustachian tube, which may be either temporary or permanent.

The patulous tube is one which we consider open at all times, but, because in a great many instances, the proper muscular tone is not present, the tube does not close sufficiently to allow any air pressure whatsoever to be maintained in the middle ear. If the pressure behind the drum and in front of the drum were always the same, one would not have cause to worry. But just because the tube is so wide open, increased pressure is exerted at various times, with the result that the drum is loosened from its attachment and the proper impressions of sound waves are not transmitted from the foot plate of the stapes to the inner ear.

One may ask at what times such a condition may arise. We have many times spoken of pocket handkerchief deafness, a condition due to the improper blowing of the nose, which occurs both in adults and in children, but is more readily recognized in the former. If the tube is patulous, and the muscular control is lacking, forcibly blowing of the nose, particularly if it is held tightly by the handkerchief, will cause a general expansion of the drum with a thickening sensation in the ears, followed by dulled hearing. A repetition of this procedure, time and time again, will result in deafness.

The patulous tube may be considered the normal tube. The patulous tube is more frequently found in children than in adults and it is for that reason, that care should be taken in the hygiene of the nose and throat in children and that they should be taught at an early age how to blow their noses, properly. We know of a number of people with patulous tubes, whose ears are so extremely sensitive on this account, that even such a small action upon the tube as yawning, will cause a temporary diminished hearing. Such people become deafened. Sneezing, or coughing, or any other action causes a strong pull on the tubal muscles until they no longer allow of proper opening and closing of the tube.

2178 Broadway.

THE SURGEON'S RESPONSIBILITY

A. WIESE HAMMER, M.D.,

SURGEON TO THE AMERICAN HOSPITAL FOR DISEASES OF THE STOMACH; INSTRUCTOR IN ANATOMY, GRADUATE SCHOOL OF MEDICINE, UNIVERSITY OF PENNSYLVANIA, POLYCLINIC SECTION; SURGEON TO THE PENNSYLVANIA RAILROAD, Philadelphia, Pa.

Half a century ago, surgical literature abounded with references to the labors of "surgical philosophers." With the matchless progress in the field of surgery, the term became more or less obsolete. Nevertheless, this incontrovertible fact remains; that, notwithstanding the advances made in surgical pathology, the magnificent advantages gained through the illuminating studies that the genius of Pasteur, Koch and Lister bequeathed to science, the incalculable benefits that have accrued through the labors of Roentgen and others; the earlier thinkers and operators in this fascinating field deserve the splendid encomiums bestowed upon them, as the great pathfinders and the daring operators in a domain only roughly explored and all too little understood.

It is here in our country that, from its earliest days, surgical advance made its greatest strides. Among those who have carved for themselves a roomy niche in the Temple of Surgical Fame we mention Physick, Valentine Mott, Levis, Joseph Pancoast, the elder Gross and Agnew. These men were truly pathfinders in their chosen field, when refinements in technic were undreamed of, when many functions of the human body were little understood, and when the invasion of certain regions was fraught with such danger as to stress Dante's graphic warning to the Inferno: "Abandon hope, all ye who enter here."

But these men reasoned wisely and well. All of them were philosophers and teachers. With crayon and blackboard they sketched their anatomical landmarks, impressed upon their pupils the logic of their reasoning, formed a pact with Nature and implicitly trusted to her wisdom and, by philosophical deduction transformed abstract theories into concrete actualities. In those primitive days of surgical procedure, there were many surgical operators, a number of whom attained some distinction in their chosen work, but very few possessed the superior judgment or the rare powers of discrimination of a Levis, or a Pancoast or a Gross. Well did these latter, and a few others of their class, deserve the appellation of surgical philosophers; and well did they illustrate Tennyson's oft-repeated line that "knowledge comes but wisdom lingers."

Though daring and apparently fearless in their daily operations, it is with keen appreciation that one notes the sense of grave responsibility that reposed in the bosoms of these great men; for long before the introduction of anesthesia into the realm of surgery, Physick declared, "I am all too conscious that the Great Creator who fashioned his children in His own image, is watching with a jealous care lest I ruthlessly do too much that may be unnecessary in that which is His work and His province." And Valentine Mott early in the last century, remarked to a number of assembled surgeons, "Gentlemen, whenever I determine to do an operation of this nature, I spend a sleepless night, contemplating my responsibility."

The responsibility that obtrudes itself upon the consciousness of the operating surgeon, depends in a great measure upon factors concerning the surgeon himself, while others pertain more pertinently to the patient and to a genuine appreciation of the malady under consideration. These statements will be

clarified as the subjoined thoughts unfold themselves.

There has been, is, and always will be a proportion of surgeons who place self above the best interests of the patient. Possibly personal vanity is the controlling or, perhaps, the disturbing factor that leads the way to many disastrous results. The applause of students and physicians, the notoriety of the public press, the inordinate desire of some individuals to do a thing that causes a "sensation," are at first blush trifling acts that may eventuate in dangerous or fatal issues.

The interests of the patient are always first. The operating surgeons needs, in many instances, the consulting opinion of the medical attendant or of a physician skilled in some particular department of medicine; thus, in brain surgery, the advice of a skilled neurologist is often invaluable. But the surgeon must not be led away from the dictates of his own judgment and reason to "please" the family physician who has referred the case to him for surgical consideration. The opinion of a conscientious family physician is always to be regarded, but the operator, who should be the surgeon, as well as the surgical philosopher, need carefully study the case from a surgical viewpoint. He should weigh all the evidence that comes from long experience, supplemented by surgical knowledge and nicety of judgment, and should be able, as far as finite reasoning may be expected, to declare when an operation is justifiable and when it is contraindicated. When one of several operations may be called into requisition in a particular instance, he should be able to unerringly choose that procedure best adapted to the particular condition under consideration. This constitutes a large responsibility.

Another grave responsibility that devolves both upon the physician and the surgeon, is the individual's recuperative powers. It would be foolhardy, if not fatal, to perform any operation upon anyone, with a large proportion of sugar in the urine, unless the immediate performance of such an operation would be imperatively demanded, as instanced in cases of strangulated hernia.

Every person who becomes the subject of a surgeon's consideration must be carefully studied from the standpoints of physical diagnosis and from the findings of laboratory technic. The blood, the urine, kidney function, etc., must be carefully considered. The heart and lungs must be thoroughly examined, the blood pressure taken, and all factors peculiar to the individual must be carefully noted. Delay on the part of the physician to recommend the services of a surgeon, or the procrastination on the part of relatives and friends to send the afflicted one to a hospital, too often is productive of dire results. For, as has been so aptly said, that "in the earlier stages of surgical lesions the diagnosis is the major part of surgery; the operation is minor. In the later stages of surgical disease the diagnosis becomes the minor part, the operative surgery the major, and the results, both immediate and permanent, are worse. The more one critically investigates the ultimate results of disease, subjected to surgical treatment, the more one becomes impressed with the fact that surgery in the hands of the majority of operators is usually a little behind the disease."*

Another responsibility that attaches itself to every surgeon is the seriousness of any operation. Long experience and the performance of many thousands of operations too often render the surgeon calloused against the dangers that may result from even many minor operations. Vaccination is not unattended with danger, and apparently slight injuries, such as

*Bloodgood, J. C., *Journal Am. Med. Ass'n.*, Vol. LXL No. 12, p. 911.

a laceration of the scalp or an infection of the lip, may lead to a rapidly fatal meningitis. Again, many individuals fail to react well from operations, and there are always present the possibilities of shock, the occurrence of secondary hemorrhage, etc. *Every operation, however simple, should always be regarded as serious.*

Another matter requiring great nicety of discrimination and imposing much responsibility upon the attending surgeon is how far to proceed in an operation. Is it necessary that every operation be completed? That depends entirely upon the wisdom of the operator. In many operations upon the abdominal and pelvic cavities, after removal of the offending structure or organ, it may or it may not be good judgment to prolong the operation and thus, possibly invite serious consequences to the patient. So many factors are involved that it would not be possible in the abstract to even hazard the most general opinion.

A grave responsibility rests upon the conscience of the surgeon who is not specially endowed or unusually gifted in the field of surgery, attempting any novel or unusual operation, originated by himself, and performed for the first time upon one of his patients. There is a laudable ambition to originate new methods, to institute other avenues of surgical approach, a desire to broaden the field that is narrowed through tiresome regime, but such innovations are the results of long experience, special skill, unusual aptitude in this field of endeavor, much experimentation on the cadaver and upon the lower animals, and, in most instances, the discussion of the method beforehand to prove its merits or its dangers. It is given to few, very few indeed, to originate newer methods of surgical procedure on a major scale. The average surgeon who makes such excursions into unknown fields is assuming a needless responsibility.

How far Nature will assist the surgeon, how far the surgeon should interfere, and how far he should place his faith in the beneficence of Nature, cannot be weighed and cannot be measured. A misstep in the estimation may destroy life. In malignancy, undoubtedly, too much reliance is all too frequently placed upon the power of nature to assist the physician in the forlorn hope of cure. The same applies to ulcers of the stomach, ulcers of the duodenum, the ulceration of typhoid fever, etc.

Again, how widely divergent the views entertained concerning the advisability or the inadvisability of operating upon "first attacks" of appendicitis, or of deferring the operation until future attacks shall have occurred.

A grave responsibility often rests with the abdominal surgeon, in the consideration of the reparative powers of Nature. How often does the surgeon propound to himself the perplexing question, Shall I or shall I not drain?

In injuries, especially of a crushing nature, the question often debatable is, how much tissue shall I remove? Can another small phalangeal articulation remain? Will its preservation be a defect rather than a help? Is there enough vitality for Nature to effect healing or will gangrene and sepsis intervene? These and hundreds of other major questions present themselves to the consciousness of the surgeon, and depending upon his skill and his judgment—his consuming sense of responsibility—are the fruits of his labors to be gauged.

218 South Fifteenth Street.

A FEW THOUGHTS ON CARCINOMA.

J. B. WEIGHART, M.D.,
New York

Deep interest and grave concern are manifested by the laity in the publication of figures showing that one-half a million persons died last year from carcinoma. While this appalling record manifestly has a depressive effect on the minds of many, such bad effects will finally disappear (just as they have with regard to tuberculosis) as soon as the medical fraternity is seen to be able to control its spread and to cope successfully with it.

The one point which to my mind is the most important, and from the consideration of which the most benefit for successful prevention and treatment is to be derived, is knowledge of the hereditary characteristics with the steadily increasing percentage of cases appearing in families having some previous record of carcinoma. There is rarely a history taken in a positive case of carcinoma where the physician does not find a similar history in one or more of the ancestors of the patient.

We do not inherit carcinoma, but we do inherit a carcinomatous metabolism which is abnormal in which carcinoma develops. Without this changed metabolism, carcinoma cannot occur. The inherited tendency to develop carcinoma is variable and may show different degrees of malignancy. The existing condition may show many of the developed carcinomata with a lower degree of tendency in the single individual, where a much higher degree was necessary for reident carcinosis in the past. This changed metabolism persists for evident carcinosis and for carcinomatous inclination; it is, invariable in character, but not in degree.

As stated, there is a metabolism in which carcinoma develops, just as there is a soil in which cotton will grow, and another soil in which cotton will not grow. Different soils produce different quantities and different qualities of cotton.

There are a great many individual shadings of pathological characteristics which may be noticed by the experienced physician in each case before the actual onset of malignancy. Just as we have individual shadings in the looks of the same family, we will find pathological shadings in the transmission of a metabolism which predisposes to the localization and development of carcinoma at the point of least resistance. With the removal of the tumor and the point of least resistance, the tendency for the so-called metastasis develops, which means a new tumor at the place of next lowest resistance in cases of very high degree of predisposition, as, for example, after operation for carcinoma of the breasts or uterus, carcinoma of the liver develops. This is a manifestation of the persistence of carcinomatous metabolism in spite of the removal of the primary tumor.

The tendency of a function of an organ when modified is to remain modified. This is also true in the case of pathological metabolism of a family. The tendency is to remain unchanged in its transmission and it is only modified in part in the children by a union in which there is the absence of a pathological metabolism. It is increased by a simultaneous inheritance from father and mother.

This pathological metabolism is peculiar and is not influenced in character, but in degree by faulty living, food or environment. It flourished in one part of one district and is absent in another. Thus it is present in Tibet, but is almost entirely absent in many other parts of Asia. It is very common in the Hebrew and is less frequent in the Aryan and only in the intermarriage do we find the presence of the conditions in a slightly modified form.

The point of greatest care in this disease must be to modify the metabolism of all the members of a predisposed family before the actual onset of malignancy occurs. This is a condition which may confront the physician in the infancy of the patient.

To do this, we must investigate the general changes in the metabolism which have occurred in carcinoma and then we have the metabolism in which carcinoma may occur. My experience is that this can be determined.

We must know the clinical picture which presents itself in a series of hereditarily predisposed cases in which this predetermined metabolism existed long before a tumor occurred.

The abnormal metabolism must be treated by pharmacotherapeutical means and general regime under the guidance of the physician—first, to prevent the development of the condition in one hereditarily predisposed and, second, to prevent metastasis at the point of least resistance after operation.

The operation indicated as necessary for the removal of a developed carcinoma has been in the past and must always be in the future in the hands of the surgeon, but all other care before, during and after operation is the undeveloped field of the physician. From the standpoint of a metabolism which predisposes the patient to carcinoma, each individual case is to be considered and treated and thus only can we hope to control this dreaded and now widespread disease.

175 West 72nd Street.

THE A LA CARTE MEAL AND THE DEATH RATE.

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Pointing with pride to our decreasing death rate has become a fixed habit with American people; certainly it is a pardonable egotism on the part of the after-dinner spell-binder. Therefore, let us admit that a great step in advance has been taken. In the past quarter of a century the death rate has been reduced from more than 20 per thousand of population to about 13 per thousand. By a death rate of 6.9 per thousand the city of Seattle has shown that a still lower average is yet possible and this is borne out by the low rate in several cities in the wild and untamed West which have reduced the death rate below 10 per thousand. When we regard the congested conditions of New York City, 13.7 per thousand, a rate slightly lower than that of the state at large, the result speaks praises for the efficiency of the Department of Health. And right here is the point to be considered; the lowering of the death rate is due almost wholly to better sanitary conditions and the prevention of contagious diseases. We must doff the national hat to medical science; it has accomplished wonders.

There is another side to the story, however: Although the entire death rate has been reduced, that of a certain class of ailment has increased by leaps and bounds. This class consists of the ailments variously styled "constitutional," "organic," or "old age" diseases—kidney disorders, arterial sclerosis, heart disorders, impaired digestion, and cancer. The last named is still a battleground of dispute, but it is essentially an old age disease and it is increasing at an alarming rate in the United States. Dr. E. P. Robinson has pointed out the fact that it is practically unknown in oriental countries. It therefore is a disease of modern civilization. One may go a bit farther and say that cancer, as well as the other

ailments noted are diseases of defective nutrition.

Old age diseases, which should not exist at all, now begin almost in youth. A serious loss of teeth takes place even before the age of twenty; loss of hair at thirty; diabetes and Bright's at forty; arterial sclerosis at fifty; at sixty a man is apt to be ready for the scrap heap. All over the country the call is for young men and women—not because of their wisdom but for the kinetic energy of their lives; and these are worn out by excessive wear and tear at an age when their services should be of the highest value.

If the anatomical structure of the human animal and the study of his development tell us anything, they indicate that the span of human life is not far from a round century of years, instead of an average of a little more than fifty years. Little by little medical and sanitary science is lengthening the average span of human life by the prevention of such diseases as tuberculosis and typhoid. On the other hand, in the ten years ending 1918 the increase in the death rate from heart ailments was 29%; from disorders of the digestive tract, 34%; from kidney and urinary disorders, 43%. In thirty years the increase in the death rate from these ailments is estimated at over 100%. Exact statistics, however are not at hand; such as are obtainable apply chiefly to cities rather than rural communities.

Within the past forty years a remarkable change has taken in the character of the meals served in hotels and restaurants. The onetime "square meal" has disappeared almost entirely from public eating places except in rural hotels. The à la carte meal has almost wholly superseded it. In the large cities, the frequenters of the à la carte eating places have increased in great numbers. The apartment houses in which home cooking is almost unknown have become the rule rather than the exception in many of the larger cities. A diner has the choice between the strictly exclusive restaurant where he is plundered in purse, and the popular eating place where he is tortured in soul.

The opening of the French and the Italian table d'hôte restaurants was a great blessing. A well-balanced meal was served at a price considerably less than the price of a single meat dish at the ordinary restaurant. The food was wholesome and palatable. A very important feature was the bottle of liquid by courtesy called wine. Its alcoholic content was negligible—hardly great enough to be a stomachic stimulant. But because it was a fruit juice, it was a much-needed part of a wholesome meal. The French dinner was the nearest approach to the square meal served forty years ago in most hotels, that urban dwellers ever ate. In New York City there were several hundred table d'hôte restaurants and about one hundred thousand meals were served in them each day. A meal was gratifying because it was fairly well cooked; it was satisfying because it was well balanced. The "pink ink," as the wine was called, was perhaps the attractive feature, and a reason therefore is not hard to find; the body craved it because the body needed a fruit ration; the wine filled the necessity. The national fiat which was designed to make people sober by legislative enactment closed most of these eating places. The patrons did not care for the French dinner without the wine. It was not a square meal.

Within a very short time after the closing of the table d'hôte eating places, the Chinese restaurants came to the fore. Very quickly these eating places drew a custom larger even than that of the Latin restaurants. Scrupulous cleanliness, a perfectly balanced ration, and a cuisine that rarely is found so nearly perfect elsewhere are the attractions. As a matter of fact, many of the famous "Chinese" specialties are unknown to

China and the Chinese people beyond the United States. They are made for Americans. The preparation of them, however, cannot be surpassed. Americans do not take kindly to the bird's nest soup. Bird's nest soup is prepared from a gelatinous secretion—a "saliva," it might be called—used by the mother bird in cementing her nest. There is not much nutrition in it—a small per cent. of albumen merely. Its virtue is derived from a ferment resembling that in saliva. Its chief value therefore, is its digesting property. The chicken soup served is a great favorite. It is prepared with egg, bamboo sprouts and water chestnuts.

Chop suey and chow mein are the most popular meat dishes. Chop suey per se consists commonly of onion, celery, bamboo shoots, water chestnuts, and pine apple steamed almost to a jelly and served with a sauce which is practically the soluble part of the vegetables employed. This is poured over thin slices of chicken, fish, or meat, cut to mouthful sizes. The basis of chow mein is fried noodles, crisp and meaty in flavor. Over a tumulus of the noodles is moulded a preparation of vegetables somewhat similar to that of chop suey. It is served with a covering of shredded white chicken meat and egg. An omelet containing almonds and water chestnuts is served as a separate course. Rice, as only the Chinese know how to prepare it, is served with the meat course, as also is a pleasantly-flavored tea. Cakes rich in almond flour, and a compote of preserved fruit—limes, kumquats, and pineapple are the dessert.

As compared with the French table d'hôte dinner, the Chinese meal possibly is deficient for want of a greater proportion of fruit. It also lacks in variety. This is compensated in part, at least, by the pineapple. The juice of the pineapple is the best available digestant of meat among fruit juices. For nutritive value and likewise in the matter of skillful preparation, the vegetables which form the essentials of chop suey and chow mein cannot be surpassed. The overfed dyspeptic and the possessor of the whiskey-burnt stomach find a healing balm in the cookery practised in the Chinese restaurants of the large cities.

Former Minister Wu Ting Fang became very quickly an up-to-date American, even to a fondness for American cookery. The result was a group of ailments that nearly cost him his life. In a communication which I am permitted to copy he said: "I was a flesh-eater. I ate corpses—dead bodies of animals, and fish, the scavengers of the sea. I was afflicted with sciatica and other ills; but now that I have changed by diet and have become a vegetarian my former ailments have disappeared. So, physically, I am in better condition to live much longer than before."

The sub-conscious self is often a better guide than the conscious self. It makes fewer mistakes. The experience of the past shows that it tries to steer the eater to a square instead of a lop-sided meal. The restaurateur, on the other hand, finds so much greater profit in the à la carte meal that in the past few decades, it has almost wholly superseded the one-time square meal of soup, meat, vegetables and a dessert. Good, indifferent, or poor, the old-time square meal was fairly well balanced so far as the elements of nutrition are concerned.

Nowadays, the diner at an à la carte table usually confines his meal to a meat dish and a vegetable. Most generally the vegetable is "French fried." Before the potatoes are served, however, all the nutrient value has been removed. Mineral salts, and the vitalizing substances known as vitamins are consigned to the garbage receptacle; the remainder is merely a fuel. There remains for the meal a meat ration much too large and an

excess of nitrogenous compounds which tax the kidneys beyond their strength. The result is shown in the increasing death rate of kidney ailments. The old-time square meal is also disappearing from the apartment houses in the larger cities. A few simple dishes are prepared in the kitchenette; the rest of a scanty meal is purchased at about double value at a nearby delicatessen shop. It is not a matter for surprise, therefore, that diseases incident to improper nutrition are increasing rapidly.

But the death rate from improper nutrition does not apply to the prematurely worn-out adult alone; its effects are shown both in the alarming proportion of babies sacrificed to ignorance, and in the immaturity of development during the period of youth. In 1917, a year free from epidemic diseases, the rate of infant mortality varied from 27 per thousand, in Pasadena, California, to 183 per thousand in Wilmington, North Carolina. Was it due to an illiterate colored population? Possibly; but that does not explain why Norristown, Pennsylvania, and Nashville, Tennessee, each a centre of education and culture should have an infant death rate nearly as great. There is but one explanation—namely, ignorance in the principles of feeding. The death list of babies in the United States each year aggregates nearly 450,000—about ten times the number of American soldiers slain by German bullets during the World War. Incidentally, in the mobilization of our army of not quite three millions of men, nearly five hundred thousand recruits were rejected because of physical defects. In the science of modern education one acquires generous volumes of information that counts for but little; but one rarely acquires the knowledge that enables the possessor to take care either of the mind or the body.

The discoveries of Dr. McCollum along the lines of nutrition have tended to emphasize the use of common sense in eating. The anatomy of the human being shows that the human animal belongs to the omnivora; and McCollum's long series of experiments in the feeding of animals show that nutrition in the human being requires meat, vegetables, fruit, grain, and milk or milk products. He points out also that variety rather than uniformity is necessary. The leafy parts of vegetables usually are rich in vitamins and ferments; the tuberous parts are superior in fuel elements, and they are apt to be deficient in mineral salts. Plant juices usually are rich in mineral salts and, in many cases, they contain the ferments necessary in digestion. The juice of the beet, for instance, contains sugar in the form of food, but the refined white sugar of commerce contains none. The mineral salts and the ferments have been removed. That which remains is only fuel.

In other words, the old-fashioned meal—even with pie for breakfast—is the best meal wherewith to build a sturdy physical body; it is likewise the best wherewith to preserve the body and keep its functions in health. Deficient and ill-balanced meals, from the nature of the case, are characteristic of the à la carte restaurants and kitchenette apartments, within which the disappearing gas stove of the day gives place to an appearing bed lounge at night. Army and navy medical officers detect the victims of this sort of living at once; and the first work of the service consists in putting a bit of living juice into a half-dead body. Many a poor devil caught in the dragnet of the draft never had a wholesome meal until he went into the training camp. Decent food went into him for the first time when Uncle Sam's khaki covered the outside of him.

There is no reason why the urban dweller should wreck his life and be thrown into the discard at fifty, an

age when the knowledge and wisdom born of experience more than compensates for loss of physical activity. The science of keeping young at fifty does not require treatment by serums and anti-toxins. Comfortable home life and food adapted to the character of the vital waste are the conditions required. The long gone square meal must come into urban life again. Methuselah did not take his meals à la carte, on the European plan, nor did he reconstruct the gas stove of a kitchenette into a folding bed.

JUSTICE AND THE POOR.*

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In discussing the importance of the Minor Courts, as President of the State Bar Association, former Justice Hughes said:

"I never speak of this work of our higher courts without the reflection that after all it is the courts of minor jurisdiction which count the most so far as respect for the institutions of justice is concerned. And I wish to make especial application of the point at this time. We are fond of speaking of Americanization. If our Bar Associations could create a sentiment which would demand that in all our cities the police and minor civil courts should fairly represent the Republic as the embodiment of the spirit of justice, our problem of Americanization would be more than half solved. A petty tyrant in a police court, refusals of a fair hearing in minor civil courts, the impatient disregard of an immigrant's ignorance of our ways and language, will daily breed Bolshevists who are beyond the reach of your appeals. Here is work for lawyers. The Supreme Court of the United States and the Court of Appeals will take care of themselves. Look after the courts of the poor, who stand most in need of justice. The security of the Republic will be found in the treatment of the poor and the ignorant; in indifference to their misery and helplessness lies disaster. And we should never forget that in making the processes of justice speedy, sensible and direct, in minimizing the opportunities for abusing the privileges of the court by technicalities and delays, we are buttressing the foundations of the Republic."

If I mistake not the purpose and spirit of the Society of Medical Jurisprudence, here is a vital problem which interests every member of the society.

Attention was recently called to our courts of minor jurisdiction by a report, published by the Carnegie Foundation and written by an attorney, Mr. F. Huber Smith, of the Boston bar. In this report the statement is made that the poor cannot obtain justice in the courts of America. Even if we make allowances for distinctions in definitions, of the words "poor" and "justice" and "the courts of America," the statement as published, without qualification and without limitation, is as unfortunate as it is untrue. If the report contained the result of an examination of all the courts in America, or of all the courts of original jurisdiction, in our great cities, or a summary of the result of such an examination, there might be presented some evidence upon which to base such a sweeping indictment; indeed, there might be presented some evidence to prove the contrary to be true, at least in so far as some courts are concerned. An examination of the work of the courts of minor jurisdiction in the City of New York would establish that this sweeping charge—the poor cannot obtain justice in the courts of America—is not based on fact, but, on the contrary, such an examination would prove that the poor can obtain justice in the courts of the City of New York.

The report of the Carnegie Foundation makes three complaints against the courts, or, in other words, points out three obstacles to the poor in our

courts, which prevent the obtaining of justice: first, the law's delay; second, the court costs; third, the lawyer's fees. To any one familiar with the practice in the Municipal Court, under the Municipal Court Code, enacted in 1915, the answer to these charges, at least in so far as the Municipal Court is concerned, will be obvious—that these charges are not true (and these obstacles have been removed). In fact, in a footnote, the author of the report of the Carnegie Foundation refers to the municipal court and admits that in certain actions it is possible to obtain a speedy trial in that court.

As to the law's delays, the Municipal Court Code provides that a summons may be issued by the clerk of the court or by the attorney for the plaintiff. The defendant is allowed five days within which to answer. He may answer in person, by filing an answer with the clerk, who will prepare the answer for him; or, he may answer by an attorney. If the defendant appears in person, the clerk shall place the case upon the general calendar and, where either party appears in person the clerk shall fix the date for trial not less than five nor more than eight days, and shall immediately notify the parties by mail of such date. If both parties appear by attorney, either party may notice the case for trial fixing a date for trial not less than five nor more than eight days after the service of such notice. If the defendant fails to appear the case may be noticed for inquest and judgment taken by default. If the defendant appears, either in person or by an attorney, an opportunity is afforded for a speedy trial. In fact, it is a common thing in our court for the cause of action to arise, the action to be commenced and the trial to be had and the judgment entered and collected within a month. There are many cases in which, it is true, for one reason or another, one of the parties will delay a trial by an adjournment, but the grounds for obtaining adjournments are set forth in the Code and the Rules, and if either party desires a speedy trial, the Code and the Rules provide for it. Any of the Justices will testify to the fact, that we almost daily try cases which have been commenced within a month. In fact, it is a common thing, for litigants to forego part of a claim to bring the action in the municipal court—"the poor man's court"—so as to obtain a speedy trial.

As to the court costs. For many years the laws of New York have permitted persons to sue as a poor person. A poor person, whether an adult or infant, not being of ability to sue, who alleges that he has a cause of action against another person, may apply by petition to the court in which the action is pending, or in which it is intended to be brought, for leave to prosecute as a poor person, and to have an attorney and counsel assigned to conduct his action. If satisfied of the truth of the facts alleged, the court may grant the petition, and the person so prosecuting an action as a poor person is not liable for costs and fees. In certain actions, the person defending an action is entitled to the same privileges. (Secs. 459-467, Code of Civil Procedure.) In the Municipal Court the same provisions apply, and it is further provided that the petition may be verified before the clerk of the court in the district where the action is brought, and the certificate of the clerk that he has inquired into the facts of the case and that in his opinion the plaintiff has a prima facie cause of action or that the defendant has a prima facie defense, as the case may be, shall have the same force and effect as the certificate of an attorney. (Sec. 28, M. C. C.)

*Read before the Society of Medical Jurisprudence, New York, March 8, 1920.

It is also provided that no action shall be defeated by the non-joinder or mis-joinder of parties, and that the names of new parties may be added and the names of parties misjoined may be struck out, by order of the court, at any stage of the cause, and upon such terms as justice may require. The summons is issued without any fee. The summons is served by some one not a party to the action and the fee allowed for service is \$1 or \$1.12 including the proof of service. The filing fee is \$1 and the trial fee is \$1. The jury fee is \$3 for jury of six and \$6 for jury of twelve. The costs on a judgment are satutory. The costs on amounts less than fifty dollars are discretionary. Whether the parties sue or defend as poor persons, or not, the costs of litigation in the Municipal Court are very low indeed.

As to the lawyer's fees. The jurisdiction of the court is limited to \$1,000, exclusive of interest. Based on the amount involved in the action the lawyer's fees are not generally high; based on the amount of time involved, the lawyers' fees are not generally as high as in the higher courts. There are many cases which lawyers commence for plaintiff or defend for defendant, on contingent basis. But, as a rule, the charges by lawyers in the Municipal Courts are lower than in other courts. But the striking feature of the cases in the Municipal Court is the large number of cases in which one or both parties appear without attorney, and the court hears the case, acting as attorney for one or both parties. When only one party is represented by attorney, it often happens that the attorney will withdraw, or the court will assign an attorney to handle the action or the defense. In these cases, where the court assigns counsel, there is no charge to the litigant. It is due to the members of the Bar, that lawyers are always ready to respond to a request from the court to represent a litigant without expense, oftentimes at great sacrifice of time and effort to the attorney.

No discussion of the municipal court is complete without reference to the provision in the Municipal Court Code, which authorizes the court "To provide systems of conciliation and arbitration and to enter judgment upon an award of arbitrators." Such systems of conciliation and arbitration were established in 1917. Under these systems any person having a claim which in his opinion may be adjusted without resort to an action at law may apply to the clerk in any district for the issuance of a notice of conciliation, the clerk shall thereupon fix a day for hearing, and on the day fixed the conciliation shall be heard informally before the justice, with or without counsel, as he permits, but without any record of the proceedings and without being bound by the rules of evidence, and if a settlement is made, the terms are entered by the clerk in the docket, but on judgment is entered. It is also provided that the parties to any controversy may submit the same to arbitration, upon a written consent, signed by the parties, and filed with the clerk, either to the justice or to any other person upon whom they shall agree, and the parties may be represented by counsel. There shall be no record of the proceedings before the arbitrator, and the Justice or arbitrator shall not be bound by the rules of evidence and no expense shall be incurred by him except on consent in writing of the parties. After the first hearing neither party may withdraw from the arbitration unless both parties consent to, or the arbitrator directs a discontinuance. The award is to be in writing and to be filed within thirty days after the filing of the consent, and

within two days thereafter the clerk may enter judgment. These systems of conciliation and arbitration are intended to simplify the settlement of controversies, to relieve the courts and the parties of the necessity of taking time to try out issues in court, and to provide some inexpensive means of determining litigation without resorting to trial in court and with fullest possible opportunity for hearing, investigation and consideration of the claims of both parties. The Chamber of Commerce of New York, and of other cities and of the various states and the United States, have advocated for years the establishment of such systems of conciliation and arbitration. Other organizations have advocated some method of settling disputes without court proceedings. To the rich and poor alike, the systems of conciliation and arbitration are opening the municipal courts to just such settlements, without expense and without delay and without lawyers' fees.

Perhaps some idea of the number of poor persons who come to the municipal court for justice may be gathered from the following figures for 1919:

| | Free Summons | Free Cases Tried | Paid Cases Tried |
|-----------------|--------------|------------------|------------------|
| Borough | | | |
| Manhattan | 4,080 | 2,591 | 10,214 |
| Bronx | 1,406 | 869 | 2,157 |
| Brooklyn | 1,711 | 1,091 | 5,558 |
| Queens | 188 | 91 | 699 |
| Richmond | 42 | 23 | 153 |
| Totals | 7,427 | 4,665 | 18,781 |

These figures refer to proceedings and trials which are heard in the courts. It will be noted that of about 7,500 free summons issued, there were about 4,500 free cases tried. These 4,500 free trials made up about 20 per cent. of the total number of cases tried during the year.

In addition to the actions, there are handled in the municipal court summary proceedings, which are statutory proceedings ordinarily called "landlord and tenant proceedings." During the year over 700,000 summary proceedings were commenced in the city of New York, and nearly 100,000 were contested in the courts. In the handling of these thousands of proceedings, the Court comes constantly in touch with the people, especially the poor people, and finds its greatest opportunity for service to the community in handling these disputes. Amendments to the statutes have been made, and have been proposed, which, it is hoped, will result in greater opportunity for service by the court, in defining, protecting and enforcing the rights and remedies under the law of both landlords and tenants alike.

It is not enough to consider wherein the courts of minor jurisdiction of the city of New York are meeting the demands of the poor for justice and wherein the criticisms of the courts are not justified; but, in considering the question under discussion, it is proper to suggest some possible changes or improvements in the courts as organized, or in the organization of the courts. These suggestions are offered without any intended criticism of the justices or clerks or marshals or members of the bar who are engaged in the courts of the city, but are offered as the result of experience and observation in the courts of the city.

First, in the municipal court, a chief justice elected by the voters of the entire city should be the head of the Court. At the present time the president justice, chosen by the justices of the court, is the head of the Court. He combines the functions of the head of

the judicial work of the court with the duties of the administrative work of the Court. That is obviously too much work to ask of any man, especially when the president justice has the same assignments as the other justices of the court. The position of chief magistrate in the magistrates' court was created some years ago. The result has been a great improvement in the work of the magistrate's courts. The creation of such a position in the municipal court would lead to a similar improvement in the work of the court. If he were elected by the voters of the whole city, it would increase the interest of the people of the city in the court, which has jurisdiction over the whole city. It would tend to raise the standing of the court and the importance of the Court in the minds of all the members of the bar and all the people of the community. It would centralize responsibility and authority, and make of the Municipal Court one court instead of an organization of some 25 separate courts. The municipal court is the only court without a presiding justice, elected or appointed as such, with the exception of the court of general sessions and the surrogates. The work of the municipal court is so great, both in volume and in importance to the community, that it should be done under the direction of an elected president justice, who is free to devote his entire time to the court, without regular assignments, and with responsibility and authority conferred upon him by the people of the city.

Second, in the municipal court, a chief clerk with necessary assistants should have general supervision over the clerks and clerk's offices of the entire city. Some years ago the position of chief clerk of the magistrate's court was created, and the result has been an improvement in the work of the court. It appears that the municipal court is the only court without a chief clerk. There are about twenty-five clerks' offices in the five boroughs, with clerks, deputy clerks and assistant clerks in each office. The work in these offices should be under the supervision of a chief clerk, with centralized responsibility and authority, in order to promote uniformity and efficiency in the administrative work of the court. At present much of the work of the president justice is made up of duties that should properly be assigned to a chief clerk. Such an arrangement would relieve the president justice and his staff of a vast amount of detail work and release the president justice to devote his time and effort to the judicial work of the Court.

Third, in the municipal court, the marshals of the city should be under the direction of a chief city marshal. The chief city marshal would correspond to the sheriff in the Supreme Court. The marshals, who are appointed by the Mayor and who are required to give bond for the faithful performance of their duties, are the officers who execute the judgments and warrants of the municipal court. If they collect promptly the money on executions, or make return unsatisfied, and properly execute warrants, the judgments or orders of the court bring justice to the litigants. If collections are delayed or returns are not made, of what avail is a judgment or a final order in summary proceedings? The work of the marshals should be under the direction of a chief city marshal to insure uniformity and increase efficiency in the important work entrusted to them. Attention has been called to the hardship on the poor litigant, especially one who prosecutes or defends an action or proceeding as a poor person, when the

judgment is not collected and the order of the court promptly and vigorously enforced. With the entry of the judgment the work of the justice generally ends, and the work of the marshal or sheriff commences, and it is very important to the litigants and to the work of the Court that facilities should be provided for promptly enforcing orders and collecting judgments of the courts. Much of the work that properly belongs to city marshals is now being done by persons who are not city marshals. The work of the Court should be done by city marshals, who are officers under bond, working under a chief marshal.

Fourth, in the municipal court, there should be a counsel for the court. He might be an assistant corporation counsel, or an attorney assigned by the president justice, to serve with or without compensation. Such a counsel should appear in the Appellate courts, where questions involving practice and procedure, jurisdiction and authority of the court are involved. It is too often the case that, in a relatively unimportant case, a question as to the authority of the Court is left to busy or inexperienced attorneys to present to the appellate court, where it may be decided without reference to a great many other cases, presenting a different question of law or fact. The work of such an attorney for the court might be of assistance to the appellate court, in preserving that continuity of decisions which is so important to a trial court. Such an attorney could also appear for the court before the board of aldermen and the board of estimate and apportionment, the state legislature, and other public authorities, with reference to appropriations and legislation directly affecting the court. Such an attorney to the municipal court in the city of Chicago is today doing just this work, for which he is well paid, and which is of great value to the court.

So much for suggestions with reference to the municipal court as at present organized. There are two other suggestions, as to the changes in the organization of the courts of minor jurisdiction, which may be of interest and worthy of consideration.

First, the possible combining of the civil and criminal courts into one great court. In the city of Chicago the municipal court, as organized in 1906, the old magistrate's courts and old districts courts are united. The justices of the municipal court have both civil and criminal jurisdiction. In civil actions they have no equity jurisdiction, but in contract cases their jurisdiction is not limited. In criminal cases the municipal court has jurisdiction over all offenses which are punishable by less than a year in prison. Reports of the work done by the Municipal Court of Chicago indicate that the consolidation has been a great improvement in the administration of justice, satisfactory to the members of the bar and to the litigants and to the public. The re-organization of the criminal courts in New York in the last few years has undoubtedly improved the work of the courts and been a great benefit to the community. However, the benefits of a further reorganization of the courts, with a consolidation of the civil and criminal courts of minor jurisdiction might be of great assistance in the administration of justice.

Second, courts of minor jurisdiction should meet in one central court house or, in the five boroughs, in one court house in each borough. Here again reference is made to the city of Chicago, with greater distances to travel, from one part of the city to an-

other. Before the present consolidation, the district court and the magistrate's courts were held in court houses, situated all over the city in different districts. Since the present organization the different parts of the municipal court of Chicago are held in one building, the county court house, in the same building with the circuit and superior courts. As a result, the municipal court is equally accessible to the members of the bar as are the other courts. It is not necessary for an attorney who has to visit several courts in a day to spend most of the day in travel, if the courts are held in the same building. It is not necessary for a busy lawyer to spend most of the day away from his office waiting in a distant court house, if the courts are held in the same court house, located near his office. Under such an arrangement the different parts would be held in the same building, at least for each borough, and the calendars would be called each day in each part, and the court would be in touch with the members of the bar who practice in the other courts. What a different impression would be made on the mind of the litigant, who goes to a court room in a great court house, who sees his cause tried in the same court house with other causes, in the same building with other courts, rather than in some poorly lighted, poorly ventilated, poorly heated court room, located on the upper floors of some building, over a drug store or a vaudeville theatre. In many districts in New York it is more difficult to travel to the municipal court than to the county court house. It is more difficult for the average lawyer to travel to a municipal court than to the county court house. It often happens that it is harder for the poor litigant to reach the minor court, to have a small cause adjudicated, than for a wealthy litigant to reach a higher court to have a larger cause adjudicated. Such a change would undoubtedly prove a great improvement to the court and a great convenience to the members of the bar and to the public. While such centralization might mean a great decrease in expense and a great increase in efficiency, it is certain that it would raise the standing of the court.

In discussing the work of the courts the question naturally arises what can we do as doctors, as lawyers, as citizens to assist in the administration of justice? There are at least three ways in which an organization, such as the Society of Medical Jurisprudence, the bar associations and other learned societies can promote the work of the courts.

First, see that the right men are placed on the bench. Whether the judges are elected, as in the municipal court, or appointed as in the minor criminal courts, you can have a voice in the selection of judges. Investigate the candidates for judicial office, find out if they have the temperament and the training, the character and the ability, the courage and the sympathy, to administer justice to all men without fear and without favor. Take part in the primary elections, where nominations are made, enter actively into the campaigns when judges are elected. If the judges are appointed recommend men of the highest standing and ability, and disapprove in no uncertain tones the selection of the unfit for judicial office.

Second, keep a good judge on the bench. When a judge has served on the bench, either by election or by appointment, and has demonstrated marked capacity for judicial service and has done satisfactory work, he should be retained on the bench. A

faithful and upright judge should not be cast aside at the end of his term for political reasons alone, but, rather, he should be continued in office to render more valuable service by reason of his experience and to continue to honor the position which honors him. The feelings of the people of this community on this question of the integrity of the courts was demonstrated in the last election. The judges sitting in the minor courts should be afforded an opportunity, when they have rendered satisfactory service, for promotion to the higher courts, as is done in England, France and other countries in Europe, and as is sometimes done in New York. The judges in all courts, who are not allowed to practice or to engage in other business, should be given adequate compensation to permit them to live comfortably and to devote the best years and the best work of their lives to judicial service.

Third, educate our people, especially the foreign people, to know about our courts and our institutions, and to have confidence in our judges and public officials. The problem of Americanization is largely a problem of education, not of the mind alone, but of the heart; not in the trades and professions, but in citizenship and in government. The courts are the guardians of our liberties. The service of the courts depends upon the confidence of the people. That service and that confidence depend upon an enlightened public opinion, supporting the courts on the one hand, and instructing the people on the other hand. In the shaping of such an enlightened public opinion, the members of the bar and of the other professions have an opportunity and a responsibility, especially in these critical times, to render valuable service to the courts and to the public. In the words of Justice Hughes:

"Look after the courts of the poor,
Who stand most in need of justice."

Discussion

Judge McCloskey:—I am one of Judge McAdoo's associates and he has asked me to represent him. When he told me the subject, "Justice and the Poor," I immediately tried to define it, a legal habit of some thirty years. I looked up "justice" in the Encyclopedia of Law and found the word justice not defined in that comprehensive compendium of American and English law. I did find "distributive justice" defined, and that it meant to distribute rewards and punishments. The question is also entered into whether if unequal persons have done things equally wrong whether they shall receive equal punishments. To illustrate: It is the law of this State that a person driving an automobile shall not exceed a certain speed rate. Now we will suppose two citizens exceed the rate and drive at a speed of 30 miles an hour. The punishment for that is a fine of \$35 and two days in prison. Suppose the two persons are equally guilty and are brought before the magistrate, and let us say they have killed a person. Shall this have unequal significance? Say one was a physician who was telephoned for because one of his patients is lying at the point of death, and the other was joy riding. Should these men be equally punished?

It is the duty of the magistrate to advise the litigant that he needs counsel and should secure it and he may adjourn the case to give the litigant an opportunity to secure counsel, but he cannot adjourn the case for more than 48 hours without the agreement of the defendant, and most cases are not adjourned for more than two or three weeks. We have 250,000 cases in the Magistrates' Courts of this city every year. These cases comprise grave crimes, misdemeanors and petty offenses. How are you going to tell by looking at one of these persons whether he is poor or not? About 130,000 of these cases are for petty offenses, largely the result of ignorance and not of malice, people do not know any better. Many are non-English speakers and they may have lived in this country for 25 or 30 years without having acquired a knowledge of the English language. They have reaped all the benefits of living in this country and have escaped the burdens. In administering justice we must be guided by the statute law. We cannot take a step unless there is a statute for it.

Judge Spiegelberg:—There has been a great deal of discussion in connection with this topic of Justice and the Poor. It was brought about by the publication of a pamphlet by the Carnegie Foundation. It is a valuable work and contains facts which the author gathered during a period of over three years. But its value has been entirely outweighed by its sensationalism. Unfortunately we in this country cater to sensationalism and although the Carnegie Institution is an institution for the advancement of learning, and you would not think that in an institution of that kind such an inclination would exist, nevertheless there is that element in the book. This pamphlet was written for the purpose of inducing the Carnegie Foundation to advance funds to the Legal Aid Society. I have no quarrel with the Legal Aid Society, but it does not do quite the work it is supposed to do. The author of the report concludes with the following statement: "The administration of American Justice is not impartial. The rich and the poor do not stand on equality before the law; the law closes the door of the courts to the poor, and causes the greatest denial of justice to millions of people." The evident and palpable facts do not bear out these terrible indictments. I do not care to go into the report very fully, but I want to refer to the fact that justice is administered in our courts.

The author does not talk of the manner in which justice is administered. He says that American judges do their duty and he refers to the fact that the judges are impartial. The judge is a negligible quantity. He claims the system is wrong and that the judges cannot administer justice even if they try. That is false. I say that and say it advisedly as far as New York City is concerned. I know nothing about the criminal courts, neither as a defendant nor as an attorney, but so far as the civil courts are concerned Judge Genung has referred to some features that might be improved. There are, however, one or two things further for the lawyer to bear in mind. One of these is that law and justice are two different propositions. The law can never be exact justice and, strange as it may seem, it is impossible that it should be so. There are two reasons for this. The first of these is because of the infallibility of the human mind. The judge holds a great responsibility inasmuch as he is called upon to judge between man and man, and it is often impossible to tell which man is telling the truth. In the second place there have to be certain rules. The law is a collection of these rules. There should be no difference in justice as it is administered to one or to another. Therefore there should be one court of original jurisdiction. There is no reason for this multiplicity of courts.

Judge Ommen:—I think we should be thankful to Mr. Smith for had it not been for that report stating that the poor have no justice we should not have had this meeting here tonight, because everybody in New York who has anything to do with the courts realizes that they are doing substantial justice and that is all they can be expected to do. The significant thing and the important thing in reference to Mr. Smith's statement is that we have not heard from the jurymen. The average jurymen who sits in court expresses the opinion that Judge So and So is a good judge; he has been sitting in the jury-box seeing the judge deal out justice. The average jurymen, whether in the civil or criminal courts, does not think justice is being neglected. Of course there are a few jurymen like the Carnegie Foundation.

The proposition which the Carnegie and other foundations does not understand in connection with the administration of the law is this, namely, that the courts do more than merely administer justice. There are annually in New York 200,000 cases in the municipal courts, 250,000 cases in the criminal courts, and 700,000 in the magistrates' courts. A judge does more charity in a year than all the foundations. The judge does more than administer the law when an unfortunate man is brought before him. He administers justice if he can. Then he helps the man to get a job or gets a job for him, and then he will follow the man up and see how he is getting along. The judge does these things from the beginning of the year to the end. I have seen a judge spend two, three or four hours over a matter with a poor man and let others wait so as not to keep that man from work and have him lose his wages. All that is a matter the Carnegie Foundation has never considered, I suppose. The only criticism I have found to make about the Municipal Courts is that there is sometimes delay on account of the tremendous business.

Dr. Talme:—We have heard about the court justices and magistrates, but we have not heard a word about the poor. Who is the poor and who is the rich in this republic? Is the rich man the one who sues for a thousand dollars and the poor the one who sues for a dollar, and can one sue for a dollar? No, it costs too much. I am a physician, and suppose a hundred people owe me a dollar or two each, how am I to get it? It seems to me there are cases in which the poor man cannot get justice.

Mr. West:—You can sue for a dollar if you want to and it will not cost you a cent.

Mr. Cole:—I am inclined to agree in part with Mr. Smith. There should be no poor and no rich before the law. Law is not an exact science and never will be. We have many instances that show this. We have a case tried in this State in the Appellate Division and a decision given; in an exactly similar case tried across the river in New Jersey the decision will be exactly opposite to what it was here. One judge may not weigh things in the same fashion as another, or a witness may be very poor and lose a case that should have been won. So far as the poor are concerned, that is a relative term. One man thinks he is very poor with a thousand dollars while to another man that may be wealth. I think in the administration of the law the Appellate Court has the advantage. Mr. Smith who made that report made a sweeping general statement, but there is a large amount of truth in it. I have tried to get justice for a man from a large insurance company and have advised him to settle. This case has been tried four times and has been going since 1914. Every time it is tried it costs the man \$1,500, and I am satisfied that he will never win. I have advised him to settle, but he prefers to go on.

There are all kinds of people going through the magistrates' courts and they are just as important for the rich as for the poor. It is the rule of conduct in civil and criminal upon which the interpretation is based according to facts, and where there are none the court of appeal has to decide and injustice often has to be done rather than establish a particular fact; and this results in many injustices.

When this man speaks in such general terms he is wrong, but when we come to see the advantages that the rich in some instances can command he is by no means altogether wrong.

The Man Young at Fifty

THE ENTERPRISE OF SURVIVAL AND RE-ESTABLISHMENT AFTER THREE SCORE YEARS.—II.

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The Harmfulness of Extremes in Exertion.

We will now contract the effects of overdoing with those of underdoing, of stresses carried beyond the safety point with inertia or torpor; of over-excitement with apathy, of prodigal energizing with unresponsiveness; of wearing out or rusting out.

The constant aim of nature is to achieve balance, and to maintain poise in response to stimuli, to do enough and to rest enough, to avoid doing too much or the effects of being done too much to.

The one uniform characteristic of protoplasm is to regain poise, static equilibrium after being stimulated or irritated, and for cell groups to resume their previous states after being acted upon. Thus function is kept going and maintained within an appointed cycle of energizing.

In the conduct of life we have most need of poise, of readiness to act economically, of guarding against making too much push or pull. We have equal need of doing enough, of energizing to compensate the effects of protracted inaction, otherwise cells and structures deteriorate, function is lowered, and the danger point is neared.

Extremes of action or reaction are, however, trifling as compared with stagnation, the loss of uniform flow, of fluidity, of changeability and variability. Wherever stagnation (stasis) prevails in living organisms there the most serious, destructive deteriorations follow. This negative phase in living cells lies close to disease states or pathogeny.

The cure of any or all such errors, or sins of motion, of commotion or of demotion, is amenity, the quality of good feelings, of being pleasant, agreeable in disposition, in temper and temperament, in manners, in speech, all which makes for grace or poise in tone or

word, or deed. No characteristic contributes more to human welfare than does amenity which contributes to all that is worth living, desirable, commendable, and lies just one stage above absolute necessities. So is it true in the professions, in industries, and lies well within the realm of art, of poetry, of livingness on the higher planes. Perils from exertion encountered by the over-mature may be grouped for graphic display into: (1) physical and (2) mental.

(1) Physical overdoing, not realizing that while one can safely do any amount within one's capabilities or along the line of choice, habit, or training, there is a limit beyond which danger lies. As one verges upon the age of decrepitudes, or shows premature senility, one can no longer compete on new lines, but can plod along safely enough and efficiently enough in well accustomed directions.

"Youth has the whole world for its oyster." In that age of splendor one can specialize in almost any line, adapt its potentialities to any mold. Not so can one of the more rigid protoplasm of middle age. Plasticity then subsides, and only habitudes remain. The tendency is for severe fatigues to become more hurtful, the tissues fail to recover so completely.

Therefore, while the over-mature need more rest, they also need even more definitely recreation, change, more frequent and longer vacations, yet equally to keep wholesomely employed in natural and necessary recreations, variations in activities within their powers.

If one in middle age should determine to pursue an education in sports it is then less possible because the sensori motor mechanisms are rigid. Therefore, one cannot then learn accomplishments of speed, to box, to fence, to play tennis, baseball or cricket, and other games of balanced velocities and precision, unless the foundations have already been laid earlier. Only when the motor cells were trained during the plastic stages, can one readapt and readjust their neuro-muscular mechanisms to new acts or proficiencies.

(2) Having made successes, having shown capabilities in certain lines, middle-aged persons are wrong to form the idea that this fits them for equal successes on altogether different lines, to choose to excell in whatever their tastes, preference or accident directs them.

If they had familiarized themselves with the preliminary steps or motions adaptable to these new interests, practicing them as side issues or hobbies in early life, that is another matter.

Beware of assuming that in late age an earlier smattering, or a "skin deep" knowledge of a science, an art, a line of literature, social psychology, of any profession, law, medicine, or divinity, qualifies anyone to express sweeping and positive opinions. Too often clergymen err thus and miserably fail. They invade technical fields in which they are not trained nor even instructed, they pronounce final opinions from a basis of half knowledge, gained late in life, really a whole ignorance. Thus they render themselves ludicrous spectacles of folly in the eyes of practical men. Thus "the cloth," the clergy, thus loses potential or power to direct others. Let it be clearly realized that mental maturity is in no sense the equivalent of mental betterment; it merely indicates longer training in specialized directions, or greater narrowness or wastes of ignorance.

Captains of industry, big financiers, having amassed fortunes, have of course shown exceptional skill and judgment in acquisitive capabilities. Too often they thereupon start out at sixty or even seventy to conquer new worlds, to undertake responsibilities in lines wherein they had no previous training. To be sure these lines are occasionally similar to those of their own training,

e. g., a basis of chemistry or engineering, etc., thus they may do fairly well in analogous lines. Too often they arrogate the right to invade the domain of the exact sciences of psychology or philosophy, whereupon they fail miserably.

For example: Andrew Carnegie, writes "Triumphant Democracy," he also provides a sum of thirteen millions to propagandize against all war, and in his "rule or ruin" drive on "peace" committed unspeakable follies through undue partizanship, narrowness of view, special pleadings, often misstatements of facts.

Likewise Henry Jones Ford spends his millions in accord with his own ignorance and his own purse proud arrogance. He sets forth in an Ark of Peace to settle a world difficulty "before Christmas."

So also is there Jane Addams—a most capable lady, within her training and experience. None of these admirable people achieved the service they were amply qualified to render for the obvious reason they attempted undertakings and the domination of world conduct wholly outside their experience or training and long after middle age.

The peculiar worries, rebuffs, chagrin from blunders, thus encountered tend to react destructively upon the entire organism (psychophysical make-up) due to totally unaccustomed efforts, unfamiliar strains, working at grave disadvantages. Too often the results prove fatal to mind or body or life. Such persons try to make up their deficit in knowledge of fundamentals by prodigalities of zeal and energizing; they become wasteful of effort and are forced into situations of danger, often disaster, always of chagrin.

Another deplorable defect is an arrogant criticism of others and, being themselves simply ignorant, there is displayed a sad waste of good impulses, of best intentions, which could have been usefully employed inside the range of their habitudes.

For the ambitious citizen as she or he passes into the period of lengthening shadows, it is essential to learn where he now has come to stand in the shifting scheme of life. One needs then, if never before, to take candid account of stock, also a long view, both perspective and retrospective, of one's assets, and to make careful use of available energies.

Our chief executive, Woodrow Wilson, burst out into a philosophic little book, entitled: "When a Man Finds Himself," which, as far as it goes, offers some good hints to others. It assumes too much for himself, notably that he had discovered the world touch-stone. He played a lone hand and won—what?

A distinct peril threatens those women obsessed with the idea they must always be busy doing a ceaseless round of nothings, of putterings, of agitated doings. They resemble "a horse that can trot all day under the shade of one tree." For an hour or two hours they can glorify the day and their disposition by sitting and doing nothing, except possibly enumerate their blessings, make an accounting of opportunities left, learn to recast their faculties in some serene form of acquiring merit—in the hereafter.

Senseless wriggings, finger flutterings, crocheting, knitting, fancy sewing and the like, wearies nerves and muscles and scatters attention, keeping it partly fixed on utter trivialities. It is all well enough for the sedentary person to give their unused muscle any sort of a dance. Contrasts in action and inaction are imperative for integrity of mind and body.

All mere drudgery, monotonous fidgetings, stiffens the faculties, acts as a treadmill, prevents getting or forming new ideas, ties one to routine—of another kind—destroying receptiveness. It is all very well for a group to sew or knit together incidentally and discuss some

wholesome subjects, using their dormant mental faculties and avoiding critical prejudices.

Play, merriment, amusement, recreation, holiday making, jollifications of the soberer sort, is mandatory. Play for the elderly should be carefully selected and frequent; should afford some cheerful competition not too concentrating or absorbing. Those of the open air are always best. Any line of activity or ambition capable of absorbing one's energy needs open-minded consideration. They should encourage mild bodily and equally mental exertions, to lure one away from the fireside dose.

The ill-conditioned, fractious child, self-centered or selfish, the "enfant terrible," is the product of a home presided over by a stressed or irritable woman, who becomes bad tempered because she doesn't know the first blessed principles of *play* for herself or for her children. Such a one is not competent to be a guardian of a cat or a dog, much less of a human child.

The so-called recreations of elderly women too often involve tedious self-adornment, trivial social demands or competitions, or whist parties, or futile charities. Their methods of energy renewal are not comparable to that of the stupidest of men, who at least know that an easy chair, a pipe, a newspaper, and a nap will give them more real comfort and refreshment than to go out with "the missus" to some tiresome "function." None the less it is contrast each one needs, the antithesis to the form of doings which wearied them.

Men must have a better time than women for you never saw one who wished to be a woman; and now a large group of women do all in their power to act and be like men.

Inertias Which Tend to Shorten the Span of Life, Perils of Under-Doing, of Parsimonious Energizing.

In addition to the strained vehemence of overdoing, there are also perils from underdoing, from voluntary restraint when impelled to do, a holding oneself back from normal activities. These wilful self-repressions or hobblings are on a parity with destructive reactions from excess doings. While pursuing a sedentary, indolent or lotus-eating form of life—no matter what be the excuse—the self-acting life maintaining or bio-mechanisms continue; they can't sleep; hence the structures fail to be kept at par by self-reconstructive activities. Hence certain organs as of circulative and of vegetative existence suffer from stagnation. During every aspect of life processes, the vegetative, circulatory, the mental and emotional, and the like, the essentials of well being, are motor discharges, voluntary movement is imperative in order to comply with the needs of organic equipoise. The strain on vitalized structures resulting from mental and physical inactivity, on the thousands who lead sedentary lives, is responsible for most, if not all, mortality from degenerative diseases now so gravely increasing. "The American people are getting too large around the waist," so say the life insurance experts. The index of inertia, hence of stagnation in abdominal organs, is an excess measurement of the waist line, over the chest circumference, and is a serious menace to longevity. Many of our citizens are becoming too static, too sodden, too inert, or jelly-fishy. Even our boys prefer to yell themselves hoarse at the spectacle of hired gladiators playing baseball, and omit to do their duty by playing themselves. However, when you are too old to play ball go and see ball played and get a secondary thrill from keelson to truck.

The immense expansion of individual wealth in recent years has increased the proportion of our people able to live in semi-idleness. Such an existence encourages indulgences, unwholesomeness, in habits of over-eating,

over-smoking, over-drinking, and other forms of intemperance.

The proportion of our populace engaged in sedentary occupations has also rapidly multiplied. This is not only true of "desk workers" but it reaches into almost every line of human effort. The tendency of nearly all modern inventions is to reduce physical exertion and to encourage obesity.

We may, of course, adapt themselves to these changed physical conditions in the course of time, but meanwhile common humanity demands that we bring to bear our constantly increasing knowledge to prevent the excessive death toll occurring in this so-called transition period. Physical fitness is as necessary as mental fitness. As Prof. James McBride says: "Physical training is mental training." Neglect one and the other half of you suffers disintegration.

A Doctor's Story

DOCTOR AND PATIENCE

HAROLD M. HAYS,

New York

(Continued from January issue.)

CHAPTER VII

During the next few weeks practice picked up considerably. Not that I was so busy that I couldn't attend to it comfortably, but there was hardly a day that I didn't see one or two patients and sometimes I had as many as six in my morning office hour. Of course, my patients didn't pay me much, one or two dollars a visit and some of them, I suspected, were flimflammers, but I was willing to take the bad with the good. I wasn't worried because I didn't have any well-to-do patients. They would come in time, where from the good Lord was the only one that knew. I had hoped that some of my rich relatives in town would drop in on me some day, professionally, of course. But apparently they were waiting to have me try it on the dog first. It's a funny thing with relatives. They don't seem to shine up to their young, but needy doctor. Of course, it really isn't strange when you think of it. They have known him since he was a kid and they can't get over the idea that he is a kid until someone else proves to them that he is a man.

While I was still at the hospital I had spent the day with an aunt of mine in a village about fifty miles from the city. She was quite well off and had four strapping youngsters. We were sitting on the porch discussing things.

"You know, John," Aunt Miranda said, "I was just thinking how strange it would be to have you for a doctor. You seem so young to me. I've known you since you were a baby."

"But I've grown some since that time, Aunt Miranda," I replied. "I notice you aren't advertising your age around."

She smiled and then asked:

"How old are you, John?"

"Twenty-seven, that is, I will be in nine months from now."

"Just like all men, you have to add on to your age," she said. "Why not be content to be twenty-six until you are twenty-seven?"

"If it pleases you, my dear aunt," I laughingly went on. "But I am not to be your doctor?"

"John, I wouldn't for the life of me have it. Now don't get huffy. I have followed your success and know you are going to do well. But you see I can't think of

you grown-up. I don't think I ever shall. Perhaps after you have established yourself I might feel different about it."

"Aunt Miranda," I interrupted, "don't think for a moment that I care. I think you are perfectly right. But between you and me I'm not anxious to have relatives for patients. They are too analytical and expect too much. Besides they are poor payers."

I laughed.

"You won't care, Aunt Miranda, if I refuse to treat you or your family?"

"No fear of that, my boy," she quickly replied. "You see we have had Dr. Evans so long that we could never change."

"Fine chance for us young fellows if everybody felt that way. We'd have to wait to step into dead men's shoes."

Besides my office practice, Dr. Armstrong had sent me three operative cases. They weren't large cases, but I appreciated his kind feelings in sending anyone to me. One patient had an infected finger which I had to lance, another had hemorrhoids and the third had a cyst on one side of the face which I removed under local anesthesia. These three operations paid me two hundred dollars—that is, I reckoned them at that amount on my books.

On balancing up my accounts at the end of the fourth month, I found that I had seven hundred dollars on my card ledger, which I adopted when I sent out my first bills, and had taken in two hundred and three dollars in cash. I was more than satisfied. If I could keep that up I'd make about three thousand dollars the first year, which wouldn't be bad.

I had had the billheads printed and had apprehensively sent them out. No one seemed to object except one patient who came in excitedly to see me and tell me he wasn't used to being dunned by a doctor every month. I had been suspicious of him from the first time I saw him and if I had had the nerve I would have made him pay me spot cash. As it was I expected to get stuck. Fortunately his bill was small. Many of my patients responded to my bills before the fifteenth of the month and there wasn't a one who asked for a receipt.

In fact, practice was picking up so well that I told Evelyn I was sure we wouldn't have to wait more than a year before getting married.

"Don't count your chickens before they are hatched," she said lightly.

"Doesn't look as though you cared when we got married," I declared peevishly.

"Don't be foolish, John, dear. We shall get married as soon as both of us are sure that we shall be happier that way and that won't happen while there might be financial difficulties."

That quieted me down some. Evelyn, as usual, was right, but keeping bachelor quarters didn't suit me at all.

Evelyn must have been thinking about the matter while we were talking of other things, for suddenly she said:

"John, I'll tell you what we shall do. I'll promise to marry you as soon as you have a thousand dollars clear in the bank."

"You mean after paying Uncle what I owe him—it's still five hundred dollars and the rest of the money on the office furniture?"

"No, you silly," she laughingly smiled. "I don't want to wait forever."

"Oh, that's easy," I said. "I'll have a thousand dollars in the bank tomorrow. Did you ever hear me speak of Dr. James Ormsby? He's a friend of the folks at home. One of the finest men you ever met. He married one of the town belles a number of years ago. I've often heard mother and father tell this story. Ormsby was dead in

love with the girl when he started in medical school. They became secretly engaged after his first year. Now the girl's mother liked the doctor-to-be very much, but she couldn't see her daughter married to him for a long time on account of the lack of cash. They talked it over any number of times, but Ormsby and the girl kept on loving each other until he finally went out into practice in our town. Then he insisted on marrying her. "But you haven't a cent," said the mother. "Whenever you can show me a bank balance of five hundred dollars I'll let you marry my daughter." Inside of three months Ormsby came to her and showed her a bank book with five hundred dollars to his credit. They were married a few weeks later.

"How did he make so much money in so short a time?" asked Evelyn astonished.

"He didn't," I replied impressively, with a wink. "He borrowed it from my father for a few days."

Evelyn laughed heartily, but told me not to try a trick like that on her for she expected to spend my thousand dollars almost as soon as I had it. She said she wanted me to save that amount so as to be sure to be able to do it again if need be.

In the afternoons I went to the dispensary where I had been placed in charge of the minor surgery. This afternoon occupation was good for two reasons. In the first place, I had something to do and in the second place, it kept my hand in practice in my surgical work. Of course, my private practice wasn't large enough to help in that way.

At the dispensary, I met a number of fellows of about my age, many of whom were making barely enough to live on. One or two were doctors who practiced in the tenements on the East Side. Dr. Jake Aronson was here, too.

Aronson and I had had many talks about practice. I couldn't help knowing that he was having a pretty tough time of it. He seemed to be busy, but the class of practice was unremunerative. Sometimes he would get as much as fifty cents a call in the office and a dollar for a house visit. But there were so many people who took his treatment first and then told him that they were penniless.

"And, doctor," he said to me, "if you came down to my office once you'd see that most of my patients are so poor that you wouldn't have the heart to take the money. Sometimes a woman brings her baby in and when she opens her pocketbook, all she's got is the fifty cents she gives me. But I can't work for nothing."

"Then there's another side to it. When a patient pays you something he feels that he isn't asking for charity and so has more respect for himself, so I take the money. Sometimes I think these darn dispensaries are the worst evil we have in the city."

"How do you mean?" I asked.

"It pauperizes people," he went on excitedly. "And it takes the bread out of the mouths of a lot of us doctors who work for next to nothing now."

"But you don't think many people come to a dispensary, Aronson, who don't deserve charity?" I asked.

"Say, Snaith, keep your eyes open," Aronson replied. "You know as well as I do that lots of people come to dispensaries for graft treatment who could afford to pay. It's a darned shame. If we could cut out the grafters we wouldn't be so crowded here and we'd be able to spend enough time on each patient who deserved our attention, instead of handing it out wholesale as we do now."

"Aren't you talking in generalities, Aronson?" I questioned.

"Maybe I am and maybe I'm not, but I can tell you of more than one person with money in his pockets, or her pockets, for it's most often a woman, who comes here. You can't always tell the grafters by looking at them. You ask Arnold about the woman who came here last week whom he kicked out."

"I didn't hear about it," I interrupted. "Dr. Arnold should have told me."

"Oh, he didn't want to make any fuss. But this is the way it was. This woman came in here limping, saying that she thought she had sprained her ankle. She was a nice, clean looking woman, dressed in a cheap blue serge dress with no frills on her dress or anywhere else. Her shoes were worn and gray. One stocking had a big hole in it. I noticed because when I took off her stocking it struck me that her feet were unusually clean and her nails were well cared for. After I had examined her ankle with Arnold, we decided she had better have an x-ray. She thought so, too. Then somehow we got the odor of a rare perfume—not the kind a poor woman would use. I didn't think of anything, but Arnold said to send her upstairs for the x-ray and then he disappeared. He came back ten minutes later mad all over. "Just what I thought, the dirty she-devil," he said to me. "What's the matter?" I asked. "I thought I recognized her. Aronson this is the limit. You wait and see what I do to her when she comes down," he said. "Say, what's got into you?" I asked. "Why, when I passed Third Avenue a little while ago I saw a swell Cadillac limousine standing at the corner. I stopped a moment to look at it and hanged if this woman wasn't lolling in the back seat. I noticed particularly because her clothes didn't seem to match the car." "May be it was a servant girl brought down," I interrupted. "Servant girl be hanged. Wouldn't she have driven right up to the door here? Besides I just went up to the corner and the chauffeur's waiting with an empty car. I asked him whose car it was. He told me that Mrs. Andrew owned it and that he was waiting for her."

"What did Arnold say to her?" I asked.

"Oh, he read the riot act and told her she was worse than the worst pauper that ever lived. He told her he had a good mind to have her arrested, showed her the ticket which has the law about charity patients printed on it. He didn't mince words, I can tell you—and right there before all the other patients, too. They snickered. Then he let down a bit and said if she would give a ten dollar contribution to the Dispensary anonymously, he'd let her go."

"But that's only one case," I said when he had finished.

"Don't you believe it, Snaith," he quickly replied. "I know dozens of them. Lots of patients come here from the East Side—lots of them could pay. You know what they say? Why should we go to a poor doctor for fifty cents when we can get a Professor at the Dispensary for nothing?"

Aronson stretched himself and then sauntered over to the window. He turned round languidly and looked at me. As he did so he took a paper out of his pocket.

"We fellows have a hell of a time! What with dispensaries, free hospitals, everyone competing against the other, so that each one can show they treated a big number at the end of the year, and lodge practice, we are up against it."

"But how can it be corrected?" I asked.

"By organizing the profession to fight the evils, inside and out. Look at this, for instance."

He handed me the circular which he had taken out of his pocket. It was from a federation of physicians who were trying to band together for mutual protection. It read as follows:

Dear Doctor:

This Federation has been formed with the object of centralizing the energies of the profession for the welfare of the general practitioner. It is the particular aim of this organization to reach those in the rank and file, who depend for their livelihood on the general practice of medicine.

For many centuries, the medical profession has been engaged in combating disease, and in ameliorating the sufferings of humanity. Of the great benefits to mankind, and the wonderful progress made, there is abundant proof.

To-day a certain class of social uplifters and politicians are trying to project their ideas on the public and are engaged in spreading the impression that they can better care for the health of the community. In this they have been greatly aided by the lack of interest on the part of the general practitioner and also, unfortunately, by certain so-called leaders of scientific societies. That the medical profession has been exploited and the physician victimized, there is little room for doubt.

To enumerate some of the abuses which it is the aim of this organization to correct:

1. The Health Department—Originally established for public health education, now practices medicine in competition with the physician.

2. Abuses of medical charity, condoned by Hospitals and Dispensaries.

3. The advantages of practicing in Hospitals is open to only a selected class of physicians.

4. The Workmen's Compensation Law which tries to regulate the maximum fee that a physician can charge.

5. Contract Practice—The exploitation and abuse by lodges and societies.

6. The encroachment of various fads and cults such as Christian Science, Chiropractic, etc.

7. Last, a number of bills, before the Legislature which will attempt to limit the physician's sphere and which the physicians decidedly oppose.

Organization alone will restore the control of the medical profession to the physician, where it belongs.

When I handed the paper back Aronson said: "I'll tell you where the trouble is, Snaith. The only men in the hospitals who can correct the troubles are the men who won't take enough interest to do so. I mean the busy doctors, the rich doctors who would have nothing to lose. They don't care a hang about the economics of medicine. They are too busy to think of us poor doctors."

"What could they do?" I asked.

"They could do a lot if they wanted to. Supposing you went to Dr. Armstrong and told him what I have said. Armstrong could come to us fellows and tell us to pick out the grafters and have them arrested, as they ought to be. If we made an example of a few of them the rest would quit. I couldn't do anything like that on my own responsibility. I'd be kicked out of the dispensary. I've talked with a lot of men about this and they all feel the same as I do."

"I'm glad you spoke about this, Aronson. I'll see what I can do."

I was about to leave the room when Aronson stopped me.

"Say, Snaith," he said hesitatingly. "How would you like to do some of my surgical work?"

"I'd be glad to, old man," I replied. "It's mighty nice of you to mention it."

"I have quite a few cases I send to certain men. They always treat me right. But I'd rather send them to you."

I recalled what Dr. Armstrong had said to me.

"What do you mean—treat you right?" I asked.

Aronson hesitated for a moment.

"Well, what I mean is this. If I send you a case I'd have to get a percentage."

"That's against the usual precedent, Aronson, isn't it?" I was trying to keep myself under control.

"Damn the precedent. It's only fair," he replied, eagerly. "If I send you a case I make the diagnosis, have all the trouble and get nothing for it. Maybe one or two dollars. If you have to operate you might get a hundred dollars. It's only fair that the general practitioner should get something."

"How much would you want?" I asked egging him on. "About 20 per cent."

"Aronson, I'm sorry, but I can't do it," I went on. "Personally I like you, but our ideas on this subject are entirely opposite. How do I know that in another four or five years you won't be asking me for a rake-off of 30, 40 or even 50 per cent? If my practice depended on you and others who asked the same, I'd be at your mercy. Moreover, you are likely to go to someone else any time you like who might pay you more. Why not let your patient know that your services are worth a certain amount and let me, if I want to, deduct that amount from my bill?"

"They wouldn't pay me," he replied. "You see, Snaith, I know these people better than you do."

"Aronson, I'm glad to do your work any time you send it along. I don't care how poor your patient is, send him along and I'll give him everything he deserves. If I can use you to assist me in any case, I'll be glad to use you and pay you, but that's as far as I can go."

"If you could do this, Snaith, I'd promise you could have the biggest surgical practice on the East Side. The boys were saying the other night that if you'd treat 'em right they'd send all their work to you."

"Sorry, old fellow," I said as I took up my coat and hat to go. "It can't be done. I haven't much practice myself yet. I could use those fellows, but not in that way. I know you are alright, but I'm suspicious of the rest of the crowd. Between you and me they're a bunch of crooks."

Aronson looked at me queerly as I left the room.

On my way home I thought the matter over and the more I thought the more it seemed to me that from Aronson's point of view, there was a great deal of justification in dividing fees in some way or other. The world owed him a living. According to the ethics of the crowd of doctors by whom he was surrounded, he wasn't doing anything wrong and from a business point of view I'm sure most of his male business patients would agree that he had a right to a rake-off. It's all right for the man who can make a living with comparatively little trouble to make and maintain rules for the other folks. But when that man starves he's very likely to change his point of view. I never wanted to be a thief, but if my family were starving and I saw a loaf of bread I could steal, I'd steal it. The fellow who has never been tempted is a poor one to pass judgment on the fellow who has.

I felt there ought to be some way of adjusting a matter of this kind so that the general practitioner, surgeon and patient all had a square deal. Lawyers employ counsel, business men work on commissions so that each one gets his fair share of the profit. Why not doctors? It occurred to me that the County Medical Society could adjust the matter. They could make an agreement which everyone could know about, to give the practitioner a certain percentage of the surgeon's fee, say 10 per cent or 15 per cent. I felt sure there were very few surgeons who would object and I made up my mind that when I became well enough known in the County Society, I'd bring the idea to their attention.

CHAPTER VIII.

I was sitting in my office a few days later twiddling my thumbs and thinking. I was searching my mind for something the other fellow couldn't do. But try as I might, it seemed to me that everything medical and surgical had been discovered. Then suddenly (I don't know from where) an idea for a surgical instrument came into my mind and

in a moment I was working out designs on a piece of scrap paper.

The door bell rang.

A month before I had decided that it would be worth my while to have a maid during the day. It cost me only twenty dollars a month and one emergency call that she might get for me would more than pay her salary. Mary wasn't much on education but she looked neat and clean in her plain black dress and little white apron.

Mary wrapped at the office door and handed me a card which read:

DR. JAMES AHEARN,

Representing the Audiform Chemical Company,
New York.

"H'm" I said to myself as I read the card. "Another detail man." Then I looked up at Mary and told her to bring the Doctor in.

"Good morning, Dr. Snaith," said Dr. Ahearn as he walked into the office and shook hands with me. "Sorry to bother you but I think I have a preparation here that might interest you."

"You're not bothering me, Doctor," I said as I motioned him to a chair. "Sit down."

"Thank you," he said gratefully. "I'm glad to relax a bit. I'm not going to take up much of your time. I think you know our company and the high standard we maintain. We don't go in for proprietaries in the ordinary sense of the word. This preparation will save you a great deal of trouble. A few drops in water makes an excellent antiseptic and will not corrode instruments. I'd like to leave you a sample."

"Thank you. I'll be glad to try it."

There was something about Dr. Ahearn that I liked. He was a keen-looking fellow, middle-aged, slightly under-sized and thin, but with a refined air about him. His well-worn gray suit was immaculate. His whole make-up was that of a gentleman. I wondered how he happened to be doing detail work.

Since I had started practice there were few days that went by that some agent didn't come round either to sell me something or to leave me samples of medicine. Those that came to sell were a seedy lot who looked as though they considered Doctors a bunch of suckers. One morning a salesman came in to sell me some swampy mosquito lots down on the east end of Long Island! Another came in to have me part with my money for some oil wells that-were-to-be in far away Texas! A third wanted me to interest myself in a new invention which was to revolutionize the world! I bit for the real-estate man who was a good talker and took a subscription for one hundred and ten dollars to be paid in eleven equal monthly installments, after which I was to receive a guaranteed title to two lots which I reckoned would be large enough to put a small house on in my old age. I have no doubt that the oil man would have got my money if the real-estate man hadn't, or else if the patent man had come first, I might have fallen for him. After I had bought the lots I wondered what I did it for. When I told Evelyn about it, she was disgusted.

"You're a fine business man, you are," she said. "One little pig meets two little pigs; two little pigs make four little pigs. If one little pig costs one dollar, how much are four little pigs worth?"

"What's that got to do with lots?" I asked slightly irritated.

"Nothing much, Boysy," she answered. "But if you have to feed four little pigs, they aren't worth what you thought they were. Those lots aren't worth a cent to you. You don't need lots now. You need money. In a hundred years from now when you and I are dead, they'll still be lots, and meanwhile you will have been paying taxes for a hundred years. You simply must learn to save money, John. Don't let these fellows influence you like that. Dad bought some lots once too. Did I ever tell you about it?"

"No," I said.

"Well it seems that everyone is a sucker at least once. Dad says that every successful business man has enough engraved certificates to cover the walls of his office with, certificates of mining companies, oil companies and so on. They don't put them on the wall because they are ashamed to let anyone know what suckers they were. One feels that he wants to take a gambler's chance once in a while. I suppose Dad took his in real estate. He bought three lots for three hundred dollars out on Long Island (which ought to be called Sucker's Island), near where yours are. He's been paying taxes on them ever since. He's never seen them. He doesn't seem to want to see them. He's afraid he got stung but doesn't want to prove it to himself."

"Golly, you're consoling," I said discouragingly.

"Wait until I finish," she said laughingly. "About five years later, Dad went to the phone one morning. 'I am Mr. Winegard who sold you the lots out at Manchester, Long Island almost five years ago,' someone said. 'Do you remember?' 'You bet I do,' Dad replied. 'You're going to make a good pile of money out of those lots Mr. Bertram,' he said. 'Did you know that the Long Island Railroad is going to run a double set of tracks out there and want your property?' 'Is that so?' Dad asked. 'Yes,' the man went on. 'Those lots are worth at least five times what you paid for them.' 'Thank you very much for the information,' Dad said. 'Where can I get hold of the President of the railroad?' 'Wait a moment,' went on the man. 'Mr. Bertram, now that I have done so well for you in this proposition, I'd like to interest you in another place—Rangle Heights—a bungalow colony. May I come up to see you about it?' Dad said yes, and up the man came."

He talked lots and lots and lots. He showed Dad maps and pictures and architects' plans of what they intended to do."

"How much did you say these lots were worth?" asked Dad.

"Five hundred dollars a piece, guaranteed by the Title Company," he answered. "You won't make any mistake Mr. Bertram. Three corner lots would make a fine site for a summer home."

"Fine," said Dad. "Worth about as much as you say my other lots are worth, today?"

"Exactly," said the man.

"Well, I'll tell you what I'll do. I'll give you the deed to the three lots I bought and in return you give me the deed for three of these lots."

"Dad wouldn't budge and so the man left in a huff. Apparently the Long Island Railroad didn't need those lots after all. He hasn't thrown away much money since. Promise me, dear, that you won't buy anything more without talking the matter over with me!"

"I promise," and then I sealed the promise with a kiss.

But to return to Dr. Ahearn. I had no appointments for that morning and he was such a likeable chap that I didn't mind his remaining as long as he liked. We talked of many things medical and unmedical. He was extremely interesting when I once got him away from the business he came to see me about.

"How'd you happen to take up this line of work?" I inquired politely.

"Oh, it's a long story. When I left medical school I was strapped. So I went as a surgeon on one of the fruit steamers plying the South American trade. I kept at this for a number of years until I learned Spanish and got married. We settled in Venezuela where I took charge of a leper colony. The people got to know of the American doctor and in the next ten years I piled away quite a few thousand dollars. I longed for the States, longed to practice there so we came back home. When we got to New York I met a lot of old friends. They got me interested in a drug company. We were to make millions. Inside of six months my thirty thousand dollars were gone and I was strapped again."

"So you took up this work to tide you over?" I inquired sympathizingly.

"Yes," he answered. "I thought at first it would be a temporary job. But it's more than that now. I'm thirty-eight years old and I'm afraid to start over again. I haven't the spirit or hope I had ten years ago. The seventy-five dollars a week I make with this company, at least, I know is steady money and that's what I need now."

"But the job can't be very pleasant," I said.

"Doctor," he answered as he leaned toward me seriously with compressed lips. "It's a hell of a job. Do you know that you're the first man I've come across who has tried to be friendly. The average doctor treats me like the dirt under his feet. I don't mind his not being cordial. But I do mind when a man, who I know hasn't the brain of a peanut, whose office is so dowdy that you know he hasn't any worth while practice, looks at me disdainfully and lets me know by the look in his eye that I'm a damn nuisance."

"It's ridiculous to treat a man like you that way," I interrupted. "I always like to judge a man as a man no matter what his work is. There's no reason why I shouldn't consider you as good as I am until you prove that you aren't. I haven't been very long in practice but I've had a good many detail men call on me and most of them are mighty fine fellows."

"Doctor, you're a gem," said Ahearn gratefully. "You're of a different order than most of the men I call on. You've boosted me up considerably and I want to tell you I'm mighty grateful."

"Forget it, old man," I said. "Drop in any old time. I'd like to meet your wife sometime. Maybe we can fix up an evening when I can have my fiancée over."

I glanced at my watch. It was nearly twelve o'clock. We had been talking nearly two hours.

"Golly," I said as I got up from my chair. "I'm afraid I'll have to be going. Guess I've wasted a lot of your time."

Ahearn smiled.

"Don't worry about that," he said. "I'm not going to do much more work today. I'm about all in. There's one fellow I saw this morning who knocked me flat. Guess I'm too sensitive." He paused for a moment and then asked:

"Know Dr. Vandeleer?"

"Slightly," I replied smilingly.

"Keep away from him, Doctor. I know I'm full of sour grapes this morning, but I know what I'm talking about. I hated to go to see him but I had to and besides I was rather curious."

"Why?" I asked.

"You won't mention this to a soul if I tell you, will you?"

"No."

"Vandeleer has been under suspicion for a long time and the District Attorney is after him. I got the facts yesterday from one of the fellows in the District Attorney's office who is a friend of mine. That's the reason I wanted to see what he looked like. Vandeleer has been suspected of performing illegal operations. He's been pretty slick about it, but a month or so ago something real happened, something they could lay their hands upon. Vandeleer had performed an operation on a woman living near here. The next day she developed a temperature and finally got so bad her husband called in another doctor. After close questioning this doctor got the truth out of her and then there was a hell of a mess, for the husband didn't know anything about it and was anxious for his wife to have a child. He went up in the air and down to the District Attorney's office."

"My God!" I couldn't help saying.

"Pretty tough on the husband, wasn't it? He couldn't get her to tell who the doctor was who performed the operation but she admitted that he had done the same thing for her four or five times before. I don't know why he suspected Vandeleer, but he did and gave his name to the District Attorney. He's being watched pretty carefully. I have your word not to mention this?"

"Of course," I replied weakly.

"From what I saw of Vandeleer this morning, he struck me as just the kind of a man to do such a thing. He's shifty-eyed and oily. You know what I mean. The kind of a man who would break every law in creation to make a dollar. He kept me waiting half an hour. Probably was reading the newspaper, and when he did let me into his office he looked at me for a moment and then told me to get the hell out, that he hadn't time to be bothered with beggars. To think that I've gotten to the stage where I can't knock a man down for talking to me like that, makes me boil all over."

"I don't blame you for feeling that way," I said. "It's an outrage that the medical profession have so many men in it who aren't gentlemen. Do you think the District Attorney will really get him?"

"I don't know. He's got a good chance to go up the river for at least ten years if they do get him. And the fellow who helped him is in for it too."

I could feel myself getting pale and my knees were so wobbly that I could hardly stand.

"But his assistant might have been perfectly innocent," I said.

"Don't you believe it," he replied quickly. "Men like Vandeleer only take assistants whom they can trust. He's too wise to get an outsider who might speak. Take a tip from me, Doctor—keep away from him."

"Thanks very much, I will."

After Dr. Ahearn left I got back into my office chair somehow. I couldn't think. My mind was in a whirl. I could feel the cold sweat all over me. My feet were like ice. My forehead was damp. My hands were clammy. Then the vision of Evelyn came before me and I could see myself in a dark, dismal cell with one of those zebra-striped uniforms on. I don't think I was ever so dead scared in my life. To think that after being in practice only a few weeks I should have done something that might land me in prison. It was awful! No matter how innocent I was, no matter how exemplary my past life had been, this one mistake, entirely unintentional on my part, might blast my whole future. Only one word in the newspapers and I was undone. I well knew that there were two classes of people who couldn't stand notoriety—a minister or a doctor. All one had to do was to whisper something, and right or wrong, there were always enough people ready to believe it.

I knew the case of Dr. Fred Pierson who had been a senior at medical school when I was a freshman. Pierson was a dandy fellow and wouldn't hurt a flea. He got out into practice and treated a chorus girl who had recently been married to the son of a millionaire who wanted to annul the marriage. Why she picked on Pierson I don't know. But one morning she went into his office, threw her arms around him, the detective opened the door and before he knew what struck him he was named as correspondent. It all came out in the papers and people began to talk. Innocent or guilty there were the witnesses who damned his testimony at every point. The man got his divorce, but Pierson was ruined. His girl broke her engagement with him. I think he moved out West somewhere.

Mary found me an hour later sleeping with my head on my desk. My thoughts had made me groggy. For the rest of the day I had the jumps and when the dispensary work was finished I went over to see Evelyn.

(To be continued.)

Value of Splinting in Pyorrhea Alveolaris.

Neuman (*Zahnärztliche Rundschau*, May 18, 1920), believes the fixation of loose teeth to be an important factor in the treatment of pyorrhea. Whatever other measures are taken, splinting will be absolutely necessary. The constant movement of the teeth in the periodontal space is a continuous cause of renewed inflammation. Recently it has been shown by a histological study of 20 cases by Fleischmann and Gottlieb that atrophy of the bone is the original and first cause of pyorrhea and from this viewpoint splinting of the loosened teeth is imperative, in all cases in which more than half of the alveolus is absorbed, this degree being determined from the X-ray appearance. This norm is of course arbitrary and others may prefer another. It should also be understood that the corner pillars are in condition to serve as anchors. A single tooth should never be depended on. The author discusses the choice of a splint and states that a choice lies between only a few. He prefers personally splints which carry out the principle of Rhein of New York, this reuniting the previous solid filling of roots.—(*Jour. Orthod. Oral Surg.*)

Do Not "Flush the Kidneys"

It is a common practice to attempt to "flush the kidneys" in certain cases of nephritis in which the secretion of urine is diminished; but experience does not justify this measure; nor does theory, for in acute nephritis the use of copious drinks contravenes the main indication, which is to secure physiological rest of the inflamed organ, renal elimination of water being a vital, and not a mechanical, process; whilst in chronic nephritis such treatment tends to increase existing edema, or to induce it if not already present. The time to increase the fluid ingested is when diuresis begins, not before it has commenced.—(*Practitioner.*)

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The Pathology of Radicalism.

Sometimes more than a suspicion attaches to the sanity of certain radicals. "Crazy agitator" is more or less of a stock phrase. It is our conviction, born of a study at close range, that few if any of these gentry are actually insane. Cases of true paranoia reformatoria are pretty sure to attain residence in retreats for the insane before they get very far in their schemes, and are not particularly common. The chronic, professional, permanent radical is almost sure to be intellectually able. We should say that many radicals possess the insane temperament, but that clinical insanity does not enter practically into the problems presented by them. Unconventionality and eccentricity sometimes obscure the question but in themselves are side issues.

On the other hand, the followers of these trail blazers are in the main feeble-minded, which is quite another story, and not essentially different from the disciples of the cult leaders and freak religion founders, or even from the worshippers of demagogues and all sorts of other boob-bumpers.

There is an outstanding trait of the majority of radical leaders, particularly those actually in some sort of power, as, for example, in Russia, and that is a complete absence of any sense of humor. The defect in question is so absolute as to be really pathological. Along with this goes an inability to sense and participate in joyful human sentiments of certain kinds. What, for example, could the festivities and good will of Christmastide mean to a Lenin? Other men of intellectual type might reject the deeper religious implications of such a season, but they would fully comprehend and enter into the human side of the celebrations.

The genuine radical stands apart from his fellow men by reason of his deadly seriousness, allowing of no lapses. He is all for a logical arrangement of things, but life is anything but logical.

Our only grievance against the radical is that he is a none too human sort of a fellow. This spells pathology, and as medical men we can't help taking this into the reckoning.

Leaders who are not humanly wholesome do not move the hearts of men, however they may stimulate their minds. Saint Francis preaching to the birds was not doing a logical but a poetically human thing. It was for such things as this that men loved him, and the world is moved by love more than by pronouncements from the fanatical idealists installed in the Kremlin, or by the vaporings of the humorless H. G. Wells and his kind.

Mental, moral and spiritual wholesomeness demand "a little nonsense now and then."

It is not usually easy to associate the personality of a professional radical with happiness, whatever his professed aims may portend.

The Alleged Root of Prostitution.

Some of our radical iconoclasts argue that to a great extent the "institution" of prostitution, as we know it to-day, is a product of bourgeois society, an appendage of middle-class conditions of life. They point out that it has also thriven under monarchical dispensations in proportion to autocratic power not beneficently applied.

Truly democratic society, they contend, would tend to put an end to so foul a blot upon humanity, but such a social order, they insist, cannot be postulated upon the basis of a bourgeoisie.

This, then, in their eyes, becomes a further count against the middle class. Autocracy in the older sense, it appears, does not have to be taken into the reckoning, since it is assumed to have passed.

These matters concern the medical profession, since the venereal problem is fundamentally related to promiscuous sexual activities on the present large and illicit scale.

It seems, according to our critics, that you cannot get rid of a nasty-nice morality unless you can convert into an impotent minority its chief sponsors—our middle-class puritans. This might not put an end to prostitution, but they think it would minimize it as much as is humanly possible, for our nasty-nice morality interlaces with the economics of this problem. That type of morality necessitates a sexually exploited class, hence an irrational and unjust economic arrangement of things. Without economic exploitation you cannot have sexual exploitation, and without a bourgeoisie you would not be likely, to-day, say our idealists, to have economic exploitation on a vast scale. A democratic organization of society would give us rational economics and tone down glaring and tragic inequalities founded upon mere caste.

It might be well to point out here that radicals distinguish between the legitimate uses of capital and those involving special privilege, monopoly and exploitation. With the latter, democracy is impossible.

There would be sexual irregularities in a society which had attained the democratic ideal in practice, but they would not manifest themselves in the shape of prostitution.

It remained for the Anglo-Saxon mind, say our critics, to discover the root of prostitution in feeble-

mindfulness; a kind of moral (always morality!) justification was found in this theory, which seemed to "let out" those apparently guilty. The naive stupidity, as they view it, of this characteristic bit of Anglo-Saxonism consists in overlooking the fact that feeble-mindedness is itself a consequence, in very large part, of generations of exploitation.

We must do these thinkers the justice of admitting that they face facts and are not hypocrites. Will it be economists, rather than moralists, who will ultimately put down the noisome thing we call prostitution?

These incorrigible radicals think that the chances for a democracy are better than most people believe. The bourgeoisie, for all its stubborn inertia, has no militant Left Wing, like the predatory sort of capitalism and like proletarianism. The yellow financial groups have some outstanding phalanxes with perfectly defined objectives having to do with the self-interests of the so-called master class. Proletarians are in part definitely organized along socialistic, communistic, anarchistic and syndicalistic lines. Americanization projects are being carried out by bourgeois workers, but their efforts are chiefly directed toward our newer citizens of proletarian type. There would appear to be no constructive, class-conscious plan on the part of the drifting bourgeoisie to perpetuate itself, and that is very necessary and fundamental to-day, if a class expects to figure much in affairs, much less dominate. Paradoxically, it functions only through its smug inertia; it is formidable only as a monstrously obese creature is formidable. And there is a large amount of evidence at hand showing that the bourgeoisie has never been subjected to such pressure as it is now experiencing between the upper and nether millstones of anarchic capitalism and power-coveting labor. The great increase in the number of college students is said to mean that the children of highly paid workers are taking the places in the academic world of middle-class youths. The bourgeoisie is feeling the deprivation of servants (obsolete term!), the denial of the privilege of parenthood, the loss of the old-time plenitude of house room, the cost of living and recreation, et cetera.

In the meantime the bourgeoisie is insisting that our social order is democratic, and that the existence of such classes as we have mentioned must not be recognized. There is enough of a flux between class and class to bolster up this contention superficially, but the radicals profess not to be taken in by it and seem to sense our social order as a kind of benevolent feudalism in which the members of the middle class figure as retainers of the so-called master class.

We are alleged to be in a transitional social phase a coming stage of which will be the sinister type of capitalism versus proletarianism, to be followed later by a realization of the democratic ideal. It is pointed out that if the members of the middle class continue unable to reproduce themselves at a higher rate than at present this fact of itself alone will spell their ultimate reduction in numbers. As for proletarian recruits to the middle class who have succeeded in lifting themselves by their bootstraps, they in turn rapidly become subject to the same decimating and deteriorative factors that we have sketched.

Thinkers of an idealistic turn of mind, succumbing to radical propaganda, will be likely to applaud the postulated passing of the bourgeoisie if they believe in the premise that decrees the abatement of prostitution in the event of the wished-for debacle. But

we are by no means sure that democracy, even if it should mean the practical disappearance of prostitution, would not introduce us to new curses, along with great gifts, or even prove a veritable Pandora's box. Only the very young, bless them, are likely to see the bright side of the shield solely, and romantic dreamers like Gorky, who alarms us with such outpourings as the following: "The bourgeoisie, founded as it is on slavery, blood and pillage, is indeed in danger. But just as ancient Rome deserved to fall, so the crimes of the contemporary regime justify the necessity of its supersession. It is a historic necessity; no thing and no person can evade it."

Miscellany

CONDUCTED BY ARTHUR C. JACOBSON, M. D.

A Tale and a Conclusion.

At the Annual Conference of Health Officers and Public Health Nurses held in September, 1920, Dr. S. Josephine Baker told a story which ran about as follows:

"A much excited health officer was looking for a public health nurse for his county. He spoke to a friend of his—a man who had a wide acquaintance in the community—and stated a few of the qualifications. She must be familiar, he said, with the problems of midwifery and the many aspects of the public health problems of material morbidity and mortality; she must know how to give mothers proper prenatal advice so that they might be kept in good health and their babies be born strong and able to live; she should have definite knowledge, not only of how to care for sick babies, but about the infant welfare movement and the importance of its relation to our public health program and about the many methods whereby babies might be kept well; she was expected to have knowledge of the diseases and physical defects incident to the preschool age period, to recognize the importance of that critical age between two and six years, to know how to adjust the child's home life and to instruct the mother so that physical defects might be prevented, disease eliminated to a large extent and sound health habits formed; she should be a competent school nurse, know the relation of the child's school life to its health, and be cognizant of all health matters that concern that part of our population between six and fifteen years of age; she must be familiar with methods of preventing contagious diseases, with all matters of sanitary and hygienic supervision, maintenance and control of the school building and class rooms, and with the relation of the school and the home to the health of the child; she must meet the social and economic problems that affect the lives of the people of the community and be able to go into the homes of the families and teach them how to adjust their budgets, use their wages to the best advantage and make the home a wholesome and healthful place for the child; she must instruct the mother in the hygiene of the child's home life and must inspire the child with a desire to be healthy and to establish proper health habits; she must know how to take advantage of all the factors that have to do with the prevention of tuberculosis, so as to solve the social and economic problems which play so large a part in the causation of this disease; she must know all methods of combating the spread of communicable diseases in the home; she should have a sound groundwork in the fundamentals of sanitation and hygiene; she should have a working knowl-

elge of mental hygiene and, in addition to all of these tasks, be prepared to serve as a teacher and oftentimes as a leader of public opinion in health matters; she must also have tact, must love work and want to serve, and must have initiative, sound health and a cheerful disposition; finally, she must know all about domestic science and the relation of foods to health, and must be able to inspire confidence in the people with whom she was to work so that they would naturally turn to her when they were in trouble. He wound up his list with the query: "Do you know of such a woman?" The man replied: "Good heavens, no. If I did, I'd marry her."

For our part we think that such a woman, if she exists, ought to be made the nation's head, for beside the wisdom of such an one Miss Jane Addams and others of that ilk are mere cretins, and certainly no such genius of male gender could be found. A Harding would have to be classed, comparatively, as an idiot.

The conclusion is that there is a lot of plain bunk about such an official's talk. It must be for political effect when appropriations are being sought or just plain taffy for the consumption of the awed nurses themselves. There ain't no sich animal as such talkers are fond of describing, and never will be. If there were, she would not waste her time in a county or state bureau or even as the wife of some notable boob.

We have at any rate submitted for cogitation on the part of our readers the theory of the radicals that prostitution, as we know it to-day, is a middle-class Frankenstein, but that for what these thinkers, at least, consider fairly obvious reasons both alleged sponsor and monster are destined to pass rather sooner than we are in the habit of thinking.

If it indeed be true that the solid-looking façade of the bourgeois wing of society may fall to pieces at any moment some of our old problems will in that event find themselves modified, and new and equally serious ones will begin to loom. In any case, medicine will always be faced by difficulties, and the understanding of them will more and more demand social vision as well as technical equipment. Many times we may have to adjust our viewpoints, else juggernaut-like forces, now in full momentum, will crush us. We must be all things to all men, no matter what the dispensation, in the interest of science and of the sick. This involves our dissociation from static conceptions of society, and it may yet call for the relinquishment of cherished but outworn creeds of life and formulas of thought. This may be anathema to the reactionaries in our midst, but we should like to remind them that we are now participating in a social order that Alfred Russel Wallace declared to be the rottenest that has ever afflicted mankind, and are perhaps as deeply branded with resulting stigmata as we ever can be.

"Veil after veil will lift but there must be veil upon veil behind." So spake Buddha.

In Re An Editorial.

ARTHUR C. JACOBSON, M.D.,

Associate Editor of THE MEDICAL TIMES

The Editor of THE MEDICAL TIMES is in receipt of a letter from Dr. E. L. Fisk, of the Life Extension Institute, regarding an editorial which appeared in the columns of this journal for January.

The letter, and our comments, are appended herewith:

"January 11, 1921.

"I notice a recent editorial in THE MEDICAL TIMES commenting unfavorably upon the activities of the Life Extension Institute.

"I cannot understand why such a malignant statement should be permitted to appear in your journal. Surely the professional and personal standing of everybody connected with the Institute is such that we are entitled to at least a cursory and preliminary investigation of our affairs before any such slur is permitted to appear.

"Some time ago I called your attention to a similar slur that was made with regard to our book "How to Live" and the Institute and you were very nice indeed about this and expressed regret and did what was possible to make amends.

"It is curious that in the same issue with an article by Dr. Taylor, who is wholly sympathetic to our type of work and the principles for which we stand, there should appear such an editorial. I am perfectly satisfied that you did not write it personally, but I wish to say to whoever did write the article that the assertion that there is a commercial motive behind our activities is wholly false. This is an insulting implication which I indignantly resent and for which I shall take every possible step to seek redress.

"Our transactions are an open book to you or any representative of your journal, indeed any reputable medical man is at liberty to come to this office and inspect our records and books, financial and scientific, and determine as to whether there is any ground for such a virulent implication as appears in your journal.

"We have safeguarded our reports to members in every way possible. Surely you must give us credit for such elementary and superficial intelligence as would lead us to avoid unnecessarily alarming people. We do not undertake medical supervision, we try to give our patrons a common sense and clear idea as to what their needs are in hygiene and medical treatment and urge them to seek the proper medical treatment.

"No one connected with the Institute has drawn any inordinate salary and up to date no dividends have been paid. So far from there being any commercial spirit, the spirit has been one of public contribution and this is very easily proved by evidence available in our records and in the personal and financial situation of the active men on our staff.

"Is it not a pity that people will give way to such mean and cynical ideas with regard to activities on which they are not well informed? Perhaps our profession offends more flagrantly in this regard than any other profession notwithstanding its claims for fraternalism.

"I am sure you must be aware that this institution was established on a semi-philanthropic basis, that it is safeguarded by limitation of its dividends and that the character of the men connected with it is such that it would not be permitted even for a brief interval to function in a really unethical or commercial way.

"As to our advertising—it may interest you to know that in many conservative centers these advertisements have been used as exhibits. Dr. William T. Sedgwick, one of the most honored men in public health work, has used them in that way. Most of them are composed of public addresses and scientific articles that I have written for conservative journals or addresses that I have delivered before ethical and conservative bodies.

"That the truth regarding human conditions happens to be sensational is not my fault; that we use these facts in a wholesome way is the opinion of the most progressive minds in the medical profession.

"I have your letter of June 17th, 1919, in which you express an intention of visiting the Institute, but I have no record of your coming. At the top of your list of contributing editors is the name of Dr. William G. Anderson, of Yale. Dr. Anderson knows the spirit that has been behind our work and its intrinsically ethical character. The suggestion in your editorial that there are no medical men of importance connected with this institution is unfair and inaccurate. We have not only a distinguished lay board but a distinguished medical board. There is no one connected with our institution whose personal, medical or financial record is such as to lay him open to the slightest suspicion.

"As to advertising, I enclose herewith a memorandum on the subject of advertising which covers this matter in a logical way. I also enclose a report of a dinner given to our Hygiene Reference Board in December, 1919, at which Mr. Taft presided. Such statements as appear in your editorial are extremely insulting to men of the type that were gathered together at this dinner. Their ethical ideas are equal to those of any man in the country and before such a slur is directed against an organization in which they have shown such interest and extended such support there should be a reasonable effort made to secure the intimate facts. The chief beneficiaries of

our advertising have been the medical profession at large to whom we have sent not less than 100,000 patients.

"The Institute was not placed upon a self-supporting basis until 1919 and while it made some profits since that time they have not been distributed in dividends, neither have they been devoted to any individual, but they have been invested in equipment and other such capital expenditure and to offset the heavy deficit of previous years.

"It is quite obvious from even a superficial analysis of our plan of organization that it is impossible for anybody to make any inordinate profit out of the Institute and in addition when the profits (if any) exceed a reasonable investment return on the stock there is provision made for a public fund for philanthropic purposes, two-thirds of the common stock being trustee with Professor Irving Fisher and Mr. William H. Taft. To persistently ignore these facts and fail to take them into account when considering our advertising and business policy is to mislead the profession and the public generally.

"Physicians and scientific men are expected to be conservative in their judgment, to make no claims for scientific discoveries or for methods of treatment, etc., without first critically and carefully testing these matters and checking them up. Is there not a similar obligation with regard to all opinions that emanate from physicians or from medical centers on important subjects affecting public welfare and professional standards?

"The legal right of the Institute to carry on the work authorized by its charter, which it has never exceeded, was settled by Stetson, Jennings and Russell, before the Institute was organized. It was quite necessary to settle such a thing in advance and protect the distinguished men about to associate with the enterprise.

"I leave this matter in your hands with the assurance that any additional evidence to that which I have submitted will be very cheerfully furnished to you or to any other individual who seeks it in good faith and I await suggestion from you as to how the injurious effect of your editorial can be corrected.

"Sincerely yours,

"(Signed) EUGENE L. FISK, M.D.,
"Medical Director."

Memorandum On Advertising.

"The following answer to a critic of the Institute was made by a high medical authority whom we do not name because we believe that the logic of this answer should stand by itself on its intrinsic merits regardless of the source from which it emanates:

"Is not the pursuance of any kind of persistent advertising addressed to the people at large a violation of correct medical conduct?"

"Advertising *per se* is neither a violation of, nor in accordance with, 'correct medical conduct.' Because good judgment and ripe experience has shown that it is against the interest of the public and also the interests of the medical profession for individual members of the profession to advertise their skill, real or alleged, many physicians have fallen into the error of believing that advertising is 'unethical' in itself. This, of course, is absurd. Assuming that it is legitimate for the Life Extension Institute to advertise—and in no other way could it, so far as we know, get in contact with the public it aims to help—then the mere fact that such advertising is 'persistent' does not change the fundamental fact.

"As to the question you raise of whether or not it is permissible for the Institute to bring home to the public the frightful and tremendous wastage in human life, due to ignorance and neglect of the laws of nature, this must largely be a matter of personal opinion. Assuming once more that the work which the Institute does is not only a worthy one but a very necessary one, it then becomes a matter of ways and means as to how the public and the Institute shall be brought in contact. Whether it is ever justifiable to play on the element of fear for the purpose of achieving an end, however estimable, may be a question. Certain it is that physicians do it daily for their patients' own good to bring home to them facts that otherwise would go unheeded. Certain it is that the health agencies of the United States Government are doing the same things in their attempt to combat venereal disease and the toll it takes of human life and efficiency. Equally certain it is that when the United States Government found it necessary with our entrance into the war to arouse the public to the issues involved, it also played on the elements of fear. Should we even go further, it might be said that most of the religions of the world have a similar basis. It is probably true that the fear of hell brings larger results than the desire for heaven.

"We might add to this that in the service of the Institute it is one of our fundamental principles to combat unreasoning fear of disease, to reassure people and explain to them that even the most serious type of disease usually can at least be

mitigated. It is probable that the narrow professional view taken by some people that all suggestion of disease must be withheld from people has caused a tremendous amount of harm. It has caused men to nearly die of fright when some question has been raised with regard to their kidney or heart when such information would be received with really very little concern if the public only knew the extent to which heart and kidney trouble is prevalent and that the early recognition of such defects does not mean an early death but rather a new lease of life. A tremendous loss of life from the neglect of chronic disease is well known and a certain price in fear and mental discomfort must be paid by the public if this is to be checked. An absolutely absurd lack of the sense of proportion is shown by some people in magnifying the ill effects of the discovery of physical defects and ignoring the protective value of such discoveries.

"Our observation has been that people readily overcome the early mental distress or depression that is aroused when they find that they are not 100 per cent. perfect. They react into a state of confidence; they find that these are the common ills of humanity and that their life expectation may even be extended by the knowledge of these deficiencies. To allow a man to go unwarned over a precipice because it would frighten him to be told that he was approaching it is very superficial and peculiar reasoning and the sooner we dissipate the medieval mystery that some men would throw around the practice of medicine the better off the public and the profession will be. I am confident that such a course will reduce our number of neurasthenics rather than increase it. I know that we have had the experience at the Institute. People who have been slapped on the back innumerable times by their physicians and told that there was nothing the matter with them but have still remained mentally ill have, after being properly overhauled and told of even important defects, improved in their mental attitude and those, of course, who have been found free from any serious underlying impairment have had real confidence conveyed to them in a convincing way.

"The Institute is urging that the practice of medicine be put upon a more thorough and practical basis. Instead of ignoring physical impairment until it is forced upon the attention of the clinician there should be an effort made not only to detect early impairment but to prevent early impairment by guiding the individual into constructive and healthful lines of living—especially the practice of periodic physical examining."

The Editorial Under Discussion.

Looking to the Abatement of a Nuisance.

The procedure of a life-extension institute, so-called, which hands to all sorts of patrons their medical horoscopes, so to speak, instead of sending them to the physicians who are to treat these people, is distinctly unethical, and ought to be rebuked in a manner leaving no doubt as to the seriousness of the offence.

When we say this practice is unethical we are not thinking nearly so much of the violence done to professional propriety as of the harm worked in the cases of impressionable patrons with recorded defects, many of which are of a minor nature and not comprehended by the recipients of the reports, and some of which are of a character requiring much investigation and thought on the part of practitioners, unaffected by perturbations set up unnecessarily in the minds of the institute's victims.

We should demand of such an institute just what we receive from our laboratory coadjutors in general.

It is the duty of our accredited professional censors to discipline all violators of the ethical sanctities, no matter how distinguished their lay sponsors holding office on advisory and governing boards, and this censorship should, incidentally, concern itself with advertisements savoring strongly of quackish methods of appeal to the public.

With suitable reforms forced, such institutes might be conceived as really serviceable and unobjectionable.

There can be nothing but commercial considerations dictating their present methods.

Comment by the Associate Editor.

We are glad to join issue on the question of this institute's ethics and go herewith to trial confident as to what the verdict of the profession will be.

What the principal organ of the profession probably thinks of its ethics may be rather readily inferred after perusal of the following comment from the *Journal of the American Medical Association* of Dec. 25, 1920:

The Life Protection Association of Canada.

Commercializing medical practice seems to be in the air and spreading—even into Canada. As evidence we cite the prospec-

DIGITALIS MEDICATION

ORALLY-INTRA VENOUSLY
OR INTRAMUSCULARLY

is obtained in full degree, promptly and, potently



by the use of

DIGALEN

"Roche"

From druggists everywhere in

VIALS AMPULS TABLETS
and **HYPODERMIC TABLETS.**

Free Trial Supply
and Literature from

THE HOFFMANN-LA ROCHE
CHEMICAL WORKS - NEW YORK

Mellin's Food

is a

Maltose and Dextrins product

containing in addition to these readily digested
carbohydrates

Proteins from wheat and barley

Salts as they occur naturally in these grains
and

Potassium bicarbonate in an amount calculated to meet the
potassium requirement of the artificially fed infant

Mellin's Food Company,

Boston, Mass.

tus—just received—announcing the incorporation of "The Life Protection Association of Canada." The "diagnostic board" of this association, we are told, is composed of "outstanding members of the medical profession." It is claimed to be patterned after a similar organization in this country—presumably referring to the Life Extension Institute. "The main object of the Association," so reads the prospectus mentioned, "is by means of a national, continuous advertising campaign to bring home to the public mind the fact that the human machine needs periodical examination as much as an automobile or a piano." However, the real attraction of the circular is financial. On the basis of a stock issue of \$300,000, one-half common and one-half 8 per cent. cumulative preferred, we have the following estimate of earnings: "gross income first year of operating, 20,000 members at \$15 each, \$300,000"; various expenses, amounting to \$227,000, leaving "net earnings, \$73,000; dividend preferred stock, \$12,000; net to common, or at the rate of over 40 per cent., \$61,000." All in the first year! What an attractive investment! It reminds one of the renowned Colonel Sellers and his eye salve!

Doubtless any attack upon an offending institution, however well founded, would seem "malignant" to anyone assuming a sacrosanct character in behalf of its directors, but it is our belief that the directors in question would themselves repudiate the naive insistence of anyone connected in an executive or other capacity with the institute that they would necessarily not take the same view as this journal as to what would constitute ethical propriety in respect of the methods of the institute, and what would not.

We do not believe that the directors of the institute need any ingenuous defense nor any challenging, once the issues have been properly stated by outside observers, as in our editorial. We will go further, and register our conviction that the consideration which they have given to the methods of their executives has included already the points made by us, and that the reforms indicated are, in due time, to supplant the earlier, necessarily tentative, and perhaps unwittingly offensive "advertising and business policy" of the institute. No other view would do justice to these gentlemen, who as wise administrators know their need of that which our correspondent scorns with such a fine show of pharisaical horror.

In rebuking our sacrilegious attempt to discuss the faulty methods of this institute our correspondent, it seems to us, has only succeeded in being unfair to his own board of directors, and has also gratuitously assumed imbecility on the part of the profession, whose real feeling about the institute is what we expressed in our editorial.

The real reason why the institute executives do not deal directly with the medical profession, aside from the question of added trouble and expense, is doubtless because insistence upon such a procedure would result in the loss of quite a few clients. That commercialism surely dominates its practices is clear enough.

If we had made a charge of profiteering against the institute our correspondent's spleen would be in order, but we have merely pointed out its commercial spirit. Of course, there is no commercial motive of predatory or otherwise sordid nature animating it.

Again, we have no quarrel with advertising in itself, so far as this institute is concerned, but only with the character of its advertising, which is distinctly malodorous.

We see no reason why the editor should honor the institute with a call, so long as it persists in its unethical conduct. We are concerned only with the practising physicians' end of the problem. We know that he is handed the "horoscope" by the "victim" in person. We have no doubt that the office tech-

nique is beyond reproach in all respects, but this is an irrelevant matter. The fact that many of these subjects reach the doctor is not the point at issue either; it is the institute's crude mode of procedure in these cases, and no one not wilfully or stupidly bent upon obscuring this issue can successfully challenge our position.

We have never written an editorial in a more sincere or informed spirit, and we stand by it unequivocally. Our correspondent's effrontery in suggesting that we enter upon a course of self-abasement at his behest in the interest of a discredited institution is a sinister gesture indeed, and we denounce it with a very healthy degree of contempt.

The Physician's Library

Helping the Rich. A play in four acts. By James Bay. New York. Brentano, 1921.

The futility of our present scheme of hospitalization is apparent to everyone, except perchance those who are directly interested in some selfish way. The medical profession has long felt the seriousness of this situation. It realizes that not only does the free hospital serve to pauperize a class of individuals perfectly able to pay for their treatment but in a way pauperizes those physicians who spend so much time and effort in free hospitals and clinics without the slightest compensation. People realize also, or would if they would exercise their gray matter a little, that hospitals have been the playthings of the selfish rich. Many a heartless "captain of industry" has eased his conscience by giving large sums to hospitals so that those people who may have been impoverished by his stock manipulations can receive treatment, and thus act as a balm to his feelings.

These facts have been delightfully presented by Mr. Bay in his clever and forceful play. He realizes all the foibles of the various strata of society interested in free hospitals. He shows with painful clearness the character of the medical politician who will stoop to anything to carry his end. He vividly portrays this man's antithesis, the high-grade conscientious medical man, who seeks to give his clinic patients the best of medical advice and almost loses his professional reputation by so doing.

Again, Mr. Bay with subtle understanding of the situation, shows the part that some rich women play in the management of hospitals. He brings out the ordinariness of human nature as exemplified by some hospital boards by showing us the inside workings of a hospital board meeting. Mr. Bay's hero, Peter Storm, is a joy and a delight as is the heroine, the daughter of the president of a board of hospital trustees, who is after all possibly the victim of the system, more than a knowing agent of wrong-doing.

There is so much in this play that we hope it will not be left in cold print, but that it may appear on the stage for the enlightenment of the public in the hope of an entire renovation of our system of hospitalization. We should know who are the real papuers in the community and let them be treated as city or State institutions and all others should pay their way, as self-respecting people are expected to do.

Pasteur—The History of a Mind. By Emile Duclaux, Professor at the Sorbonne and Director of the Pasteur Institute. Translated and edited by Erwin F. Smith and Florence Hedges, of the U. S. Department of Agriculture. 363 pages. Philadelphia and London: W. B. Saunders Company, 1920.

Mr. Smith well says of this book that it is more than a critique of Pasteur—"it is a contribution to the biological history . . . of a very striking period in the development of science." And so it is. A bit of romance is responsible for the English translation of this remarkable book. More than a dozen years ago Smith saw a reference to the book in an European catalogue of second-hand books, and, being a lover of Duclaux, sent for it. For years Smith enjoyed the book in its original tongue, and then feeling that its wealth of erudition should be given to the English reading world, translated it with Miss Hedges' assistance. He has given in the introduction an interesting sketch of the life of Duclaux. Indeed this sketch is a delightful introductory to the work of the master mind, as we are given an insight into the character of a scientist almost as great as Pasteur himself.

The book is in eight parts and treats of crystallography, lactic and alcoholic fermentations, spontaneous generations,

(Continued on page 22.)



Infant Feeding

Diet Materials

An Easily Assimilable Carbohydrate Element for Baby's Food

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wines and vinegars, and studies on diseases of silkworms, bees, microbial disease and viruses and vaccines.

The volume gives us a comprehensive idea of the greatness of Pasteur's work, clearer and more definite than any other work on the subject. The diction is choice, the expression delightful.

To what a fortunate chance are we indebted for this mental treat.

The Woman of Forty. By Editor B. Lowry, M.D., Chicago: Forbes & Co., 1919.

This little monograph treats of the necessity of caring for the body and the mind when woman reaches the "turn of the corner." For those interested it is well worth reading.

Eating to Live Long. By William Henry Porter, M.D. 243 pages. Chicago: Reilly & Lee, 1920.

Diet should play a most important part in the treatment of disease. How it should be employed in the various diseases to which the flesh is heir will be found in this excellent work.

The entire subject is covered with a completeness that leaves little to be desired and physicians will get real food from Dr. Porter's work.

Surgical Shock and the Shockless Operation Through Anoci-Association. By George W. Crile, M.D., Professor of Surgery, and William E. Lower, M.D., Associate Professor of Genito-Urinary Surgery, Western Reserve University. 272 pages. Philadelphia and London: W. B. Saunders Company, 1920.

This is Crile's book "Anoci-Association," first published in 1914, rewritten and under a new and more appropriate title. We reviewed most carefully the premier edition, which presented to us the new teaching, association. Crile's work marked an era in operative surgery.

In this edition he shows the advances in his field, made possible through war surgery. Crile played a most important rôle in France and he had boundless opportunity to perfect his technique and to seek and find new methods of application.

Crile has made novocain his slave, and by its kindly aid he prevents the shock that otherwise would intervene. His work is fascinating and is told in a most convincing way.

Pope's Manual of Nursing Procedure. By Amy E. Pope. New York: G. P. Putnam's Sons, 1920.

This is a very good book for the instruction of nurses and in many instances for reference during their later career.

The author has begun with the care of the ward or sick room, bed making, handling of patients, etc., and carries us right on through the preparation of patients for examination and operation, methods of administrations of medicines, and administrations of treatments such as nurses are required to give. In every instance she has begun with the apparatus required for the work, and then with sufficient detail described the carrying out of each duty. There are also many points of physics and chemistry in direct relation to the text which are brought out, as well as numerous references.

The book is exceptionally good, is very interesting, and could be well used in training schools for nurses.

The Newer Methods of Blood and Urine Chemistry. By R. B. H. Gradwohl, M.D., and A. J. Blaivas. St. Louis: C. V. Mosby Co., 1920.

This book is divided into three parts, viz.: Technic of Blood Chemistry, Chemical Analysis of Urine, and Blood Findings and Their Interpretation.

In the first two parts the authors have plainly set down the most accepted methods of laboratory analysis, both in qualitative and quantitative work.

In the third part where they treat of the interpretation of blood findings their work has been very thorough. The interpretations are strictly up to date and their research work has been quite exhaustive. This part is of very especial value to the clinician.

The Fundamentals of Human Anatomy. By Mark Pitzman, A.B., M.D. St. Louis: C. V. Mosby Co., 1920.

Here the author has attempted to put into a small volume of less than 350 pages the fundamentals of human anatomy including to some degree histology, embryology, physiology, pathology, dissecting instructions and some notes of practical value. This is an absolute impossibility.

The author has no doubt expended much time and energy in his attempt to accomplish this purpose, but instead of producing a work of definite value to the general practitioner or even to the medical student, unless he goes through the double task of studying in larger books as well, he has produced a work which would be very interesting and instructive to nurses or those merely interested in anatomy but not contemplating its study in an essential relation to his life work.

The book is well written and its diagrammatic representations are good, but it falls short of its aim.

Diagnosis and Treatment of Brain Injuries With and Without Fracture of the Skull. By William Sharpe, M.D. Philadelphia: J. B. Lippincott Co., 1920.

This book is the result of a great deal of work on the part of the author in an attempt not only to save life, but to produce a normal or nearly normal being after brain injury.

In the first part under "General Considerations" he has included pathology, diagnosis, treatment and operative technic. The second part involves acute and chronic brain injuries in adults, and the third part acute and chronic brain injuries in newborn babies and children. In both of these parts there are included a wealth of cases in review, including both good and bad results, which are very instructive.

The author discusses very thoroughly all the symptoms following injury to the brain and the advisability of operation depending upon the patient's condition as determined by ophthalmoscopic findings, intracranial pressure, pulse rate, respiratory rate, activity of the reflexes, etc., in all types of cases. He also deals with the post traumatic neuroses, a condition which practically every physician sees, and explains the fact that while these patients are not actually malingerers, the court's determination in their particular case has a great deal to do with recovery.

It is shown definitely in this book that in general the treatment of brain injuries is not such a hopeless task as it has been considered, and that much can be done by proper diagnosis of the patients' condition and not leaving their recovery entirely to the "Grace of God."

Public Health and Hygiene. In Contributions by Eminent Authorities. Edited by William Hallock Park, M.D. 884 pages. Philadelphia: Lea & Febiger, 1920.

The editor has filled a large pre-existing gap in the educational literature of public health. As he so well states "the time has passed when any one person can possess the technical knowledge and personal experience required properly to direct and develop all or even several of these different branches of public health work."

The book has been written entirely by practical people actively engaged in public health work. One need only to glance at the list of contributors to appreciate this. Such names as Park, Baker, Connor, Dunham, Goddard, Fiske, Winslow and Guilfoyle, to mention only a few to give one an immediate impression of the immense value of the book. The resulting effort of the contributors constitutes the most practical work on public health we have seen.

Of necessity, in a collaboration of this kind there is more or less overlapping and duplication, but it has been kept at a minimum, and wherever it does show itself it tends to lend emphasis to the subject under discussion. Particularly is this true of the chapters on Air and Ventilation and Industrial Hygiene.

The following chapters are especially valuable and deserve particular mention: Relation of Microorganisms to Disease by Park; Anti-microbial or Anti-protein Substances Individually Considered by Park and Krumwiede; Prevention of Individual Infectious Diseases by Park; Air and Health-Ventilation by Winslow; Bacterial and other Contaminations of Milk—Their Application to Public Health by Park; Personal Hygiene by Fiske; Rural Public Health Work by Overton; Industrial Hygiene by Harris; Child Hygiene by Baker; Mental Hygiene by Hoch; Vital Statistics by Guilfoyle.

The index is comprehensive and intelligible.

There is no question but that the demand will soon exhaust the first edition and we look forward with pleasure to a second edition in which the few defects will undoubtedly be remedied.

Physiology and Pathology of the Cerebro-Spinal Fluid. By William Boyd, of the University of Manitoba. New York: The Macmillan Co., 1920.

At this time when the lumbar puncture is being so frequently employed for purposes of diagnosis and treatment it is fitting that a book should devote itself exclusively to the subject of the spinal fluid and its habitat. Boyd has performed his task admirably. Not only does he discuss such diseases as meningitis, syphilis of the central nervous system, brain, spinal cord and mind, but he shows how a lumbar puncture should be done, explains the origin, circulation and functions of the fluid, goes into detail regarding the Wassermann and colloidal gold reactions, and discusses intraspinal salvarsan treatment and many other conditions of interest.

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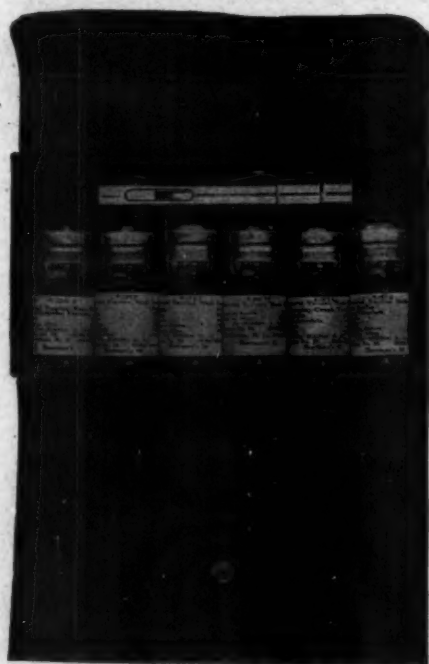
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The Community Health Problem. By A. C. Burnham, M.D., of Volunteer Hospital, New York. New York: The Macmillan Co., 1920.

Increasing attention to the multitudinous problems arising from the effort to conserve the health of the community is the *raison d'être* of this work. We have very little literature of real value on this important subject and this monograph will therefore be received with satisfaction.

The author discusses such topics as compulsory health insurance, workmen's compensation, the public health nurse, the private physician and the health department in their relation to community health, State medicine, health centers, etc.

A plan for universal State medical service is presented that gives food for thought.

The book merits careful consideration.

The American Red Cross in Italy. By Charles M. Bakewell. New York: The Macmillan Co., 1920.

This is the story of our Red Cross in Italy graphically told by the brilliant professor of philosophy at Yale. Italy's failure to functionate as a member of the Triple Alliance gave our Red Cross an unique opportunity for service. Bakewell shows how the large amounts of American money poured into Italy were used and he picturesquely describes the variety of situations the Americans were called upon to meet—calls, by the way, which were successfully answered.

In the splendid list of achievements of the Red Cross, of which all Americans are so justly proud, none exceeds the accomplishments of our workers "beyond the Alps," where "lieth our Italy."

A Text-Book of Physiology. By Russell Burton-Opitz, M.D., Ph.D., Columbia University. 1185 pages with 538 illustrations. Philadelphia and London: W. B. Saunders Company, 1920.

The author has had the medical student and his altogether too crowded curriculum in mind when he prepared this useful volume and as a result the subject matter is presented tersely and with especial reference to the student's adaptability.

Also the author recognizes what might be termed the super-importance of physiology and his book possesses added tone and vigor in consequence.

While the general divisions of the volume are similar to other works, Opitz has linked his work more closely with anatomy than ordinary and many of its features are quite new.

The literature of physiology has been freely consulted and references are numerous.

The illustrations add materially to the value of what is one of the best books on the subject yet presented.

1919 Collected Papers of the Mayo Clinic, Rochester, Minn. 1331 pages, 490 illustrations. Philadelphia and London: W. B. Saunders Company.

The review of a book of this nature depends largely upon the specialty of the reviewer. If the writer were to specifically review the subject in which he is interested, little space would remain for the other branches of THE MEDICAL TIMES is of interest to the general practitioner more than 100 articles are contributed by 54 men connected in some capacity with the Mayos and they are divided among ailments of the alimentary canal, urogenital organs, heart, blood, skin, head, trunk, extremities and nerves.

In addition some space is devoted to technic, to syphilis and to general topics.

To differentiate would be impossible. All the articles are good and some of more interest than others.

The book presents a careful resume of much of the work done in Rochester in 1919 and cannot fail to meet with favor. It deserves all it will get.

The Medical Clinics of North America. Volume IV, Numbers 3 and 4. Philadelphia and London: W. B. Saunders Company, 1920.

This series of clinics continues to grow better. Number four is devoted to the work of St. Louis physicians and will have particular local interest. The practical nature of the published clinic makes them of especial value.

Laboratory Manual of Pharmacology. By A. D. Bush, M.D., of the University of North Dakota. Philadelphia: F. A. Davis Co., 1919.

The subject is set forth in an attractive manner. While primarily for medical students, the physician will find much of value in the study of the drugs taken up in their relation to medicine. Materia medica, pharmacopodia, pharmacodynamics and pharmacology are considered in this volume and the illustrations are of value.

(Continued on page 26)

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Can the Church Survive the Changing Order? By Prof. Albert Parker Fitch, of Amherst College. New York: The Macmillan Co., 1920.

The author feels the Church needs a new accession of faith and he believes it the obligation of all within and without the Church to cherish and deepen this faith. With this we are in entire accord. The world has never needed the Church as today. It should be the duty of all physicians, of whatever creed, to uphold this ancient institution and to further the cause by demonstrations of practical Christianity.

Principles and Practice of Infant Feeding. By Prof. Julius H. Hess, M.D., of the University of Illinois. Philadelphia: F. A. Davis Co., 1920.

Hess has written a good book. He has eliminated all unnecessary material and has given concisely all that the general practitioner and the nurse will want to know about infant feeding.

There is an abundance of practical matter between the covers to make the pages interesting and instructive.

too much for the Psycho preacher, and thus the discussion closed, much to the relief of the doctor.

The principal office of the Psycho seems to be to narrate (to him) an imaginary occurrence, and then frame an analysis of same. He would readily explain how the man got in the moon, how he behaved himself, or any other important thing you would ask.

It is hard for a doctor to come squarely to the front and say, "I do not know," and instead, he draws upon his imagination and scholarship and frames a lengthy and wordy reply—to show what strength he has in stringing long polysyllables together and make you forget what you asked him; because you are so impressed with his learning and expression that you have lost sight of the question under discussion.

When you have analyzed the man in the moon and put Mr. Psycho out of commission, you will then be ready to read medicine for what is in it, but so long as you aim to explain the why and wherefore of the hysteria that is abroad in the land, your time will be thrown away.

W. P. HOWLE, M.D.

Charleston, Mo.

Correspondence

"The Man in the Moon and Mr. Psycho."

To the Editor of THE MEDICAL TIMES:

These (supposed) entities are possibly about the same age; just which has priority this deponent sayeth not. Yet, everybody knows that there is a man in the moon, and the December number of THE MEDICAL TIMES proves to every reader thereof that Mr. Psycho is a veritable entity. The entire make-up of the man in the moon depends upon which of the Psychos is describing him and the viewpoint from which he looks. To illustrate:

A preacher, a doctor and a lawyer were dining at the same table. The preacher (a very learned Psycho) asked the doctor how he (the doctor) accounted for the Red Sea waters standing up like a wall, allowing the Israelites to pass dry shod and then engulfing the Egyptians? Before the doctor could frame an answer the lawyer piked in and said, "A man ought to be certain that an event had actually occurred before undertaking to account for it." The skepticism of the lawyer was

Appreciative Comment.

To the Editor of THE MEDICAL TIMES:

I certainly enjoy MEDICAL TIMES and would feel it a loss to miss a copy. I send check to assure its prompt continuance.

Articles like "Young Man at Fifty," "Marshall and the Constitution," are classics, and the author of the "Doctor Story" need not worry about making a living if he is as good an M.D. as writer.

G. A. CHRISTENSEN, M.D.

Cass Lake, Minn., January 7, 1921.

To the Editor of THE MEDICAL TIMES:

Enclosed you will find Express Order for continuation of my subscription for THE MEDICAL TIMES. How long I will continue a subscriber remains to be seen. Will soon be 89 years old. Am doing a limited business. As a rule whoever wants my services must come where I am. Long live THE MEDICAL TIMES.

E. M. CHENEY, M.D.

Falconer, N. Y., January 7, 1921.

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It cannot be too strongly emphasized that sleeping powders do not produce natural sleep; that headache tablets do not cure or remove the cause of headaches; that nerve sedatives act only as a "knock out" to some bodily function, running riot because of an underlying physical defect. Habitual dependence upon the daily use of such drugs is responsible for a large proportion of life boarders in sanitariums and state institutions.

In all good faith the physician may prescribe a hypnotic to be taken at certain intervals—the patient notes the desirable effect—finds out what he is taking—learns that without restriction it may be readily bought over the drug counter—the physician loses control of his patient—and a secret habituation begins.

It is not the quantity of the drug taken but the regularity of dosage that creates addiction. A confirmed addiction in any form tends inevitably to become progressively worse. When an extreme tolerance has been established for any drug which affects the nervous system, neither sudden deprivation nor substitution will remove the craving, but are more likely to be harmful and often fatal.



Obviously there should be just as stringent laws regulating the sale and disposition of the hypnotic group of drugs as of opiates or cocaine. Pending their enactment physicians can do a great service by safeguarding their patients from the hypnotic group of drugs.

Moreover it should be remembered that those persons who are already in the addict class are not without hope. With the definite methods followed at the Towns Hospital it is possible to obliterate any drug craving in a very brief period. This accomplished, the way is paved for a more intelligent diagnosis and treatment of any underlying physical or mental trouble.

With national prohibition in force and further restrictive narcotic legislation pending, new phases of the addiction problem are introduced. Many practitioners will be confronted with the problem of treating drug patients. In all such cases, the facilities of this Hospital are at their disposal.

A "Symposium of Medical Opinion," together with the following reprints, will be sent to physicians on request: "Hope for the Victims of Narcotics," by Alexander Lambert, M.D., New York; "The Drug-Taker and the Physician," "The Future of Addict Legislation," by Charles B. Towns.

Any physician may feel free to consult or confer on any problems arising in his practice within the field of the special work of this hospital.

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In Burnham's Soluble Iodine the clinician has a preparation of iodine that fulfills every requirement for its effective therapeutic use. Free from every impurity, it presents its iodine in a pure, free, readily absorbable, and particularly active state. Even in ordinary dosage its effects far exceed those of iodine in any of its combined forms. But owing to its notable freedom from irritation of the digestive organs, or other disagreeable action, it can be administered intensively, that is, in dosage large enough and long enough to assure the therapeutic effect desired. Results never before obtained with iodine have followed the use of Burnham's Soluble Iodine. A great many physicians have found that Burnham's Soluble Iodine acts almost as a specific in such affections as influenza, pneumonia, septic infections, pyemia, tonsillitis, empyema, pyelitis, multiple abscesses, etc. In these acute infections, the one great consideration is the condition of the patient, and as long as the temperature, pulse and respiration remain at dangerously high points, and no not show improvement, no fear need be entertained of giving too large a dose.

New York Intravenous Laboratory.

That there has been a very decided progress made in the practical art of medicine is shown by the constantly increasing tendency on the part of progressive physicians to employ the intravenous method of drug administration. This applies not alone to the use of arsenical compounds in the treatment of

lues, but also the administration of iron or of iron and arsenic in anemic conditions; of sodium iodide in rheumatism, asthma, and other conditions; of salicylates of quinin, of strophantin, emetin and other drugs. It is rational to expect that by throwing a dose of any drug directly into the blood stream, better therapeutic effects must necessarily follow, because the drug is unaltered by digestive changes, is entirely available without having to undergo absorption from the stomach or intestinal tract and therefore permits of more accurate dosage. In the case of the New York Intravenous Laboratory, the greatest care is taken not only in the selection of the crude drug to be used, but in its preparation. Methods are used which have been found best suited to protect the solution against any element of chance or error. Biological tests are carefully made. Toxicity tests are also carried out and even the distilled water used in making the solutions is produced in the Laboratory by a special apparatus. The constantly increasing use of the Loeser Products bears witness to the practical side of this important enterprise. The literature provided by the New York Intravenous Laboratory is dignified in tone, scientific in character and truthful in its claims. Every physician should send for such literature and give it a careful reading.

Platelet Count in Diseases of Blood

The method of Oluf Thomsen for counting the platelets in citrated plasma is described by Gram. The number of platelets in normal individuals lies between 200,000 and 500,000. The platelets are diminished in number in pernicious anemia, in most cases of lymphatic leukemia and in some cases of myeloid leukemia. Normal values are found in hemophilia and augmented values are found in many cases of simple anemia and some of myeloid leukemia. The diagnostic prognostic importance of the platelet count in diseases of the blood is discussed. The bleeding time determination of Duke helps to disclose a latent hemorrhagic diathesis due to platelet deficiency, as symptoms may not appear without a provocative cause. It is shown that platelet counts of less than 100,000 per c. mm. generally cause a tendency to bleed. The counting of the platelets and determination of the bleeding time is considered by Gram as of extreme importance as a preoperative measure, especially in cases of aplastic anemia, in which an operation often is performed for explorative, occult cancer being suspected.—(*Arch. Int. Med.*, March, 1920.)

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In view of the fact that the diabetic patient is compelled to subsist so largely upon albuminous foods, the presence of purins in a meat diet demands careful consideration. It has been shown that these purins increase the formation of uric acid and other xanthins and thereby exert an injurious influence on the course of disease. The perverted metabolism of the diabetic patient is still further impaired by the toxemia resulting from an excess of these substances in the circulation, and his vitality is still further lowered.

Consequently, if a certain amount of animal proteids can be efficiently replaced by other albuminous material free from all purin bodies, the patient is bound to be greatly benefited and the course of the disease rendered much more favorable.

Such purin-free albumins are to be found in Lister's Diabetic Flour, which is composed of caseins prepared and purified by a special process. It is readily digestible and assimilable and furnishes a large amount of highly nutritious material in a palatable form. As it is self-rising, it is an excellent flour for the making of bread, cookies, biscuits, muffins, dumplings, etc., for the diabetic, and its routine use will never become monotonous.

Lister's Diabetic Flour is packed in small, carefully weighed boxes, containing just enough flour to make one loaf of Diabetic Bread—the right amount per day for the average patient.

Ice-Box Fixation in the Wassermann Test for Office

Oscar Bergheusen, of Cincinnati, says: "A year ago I advocated the method of ice-box fixation in the Wassermann test, using simple alcoholic extract of syphilitic organs as antigens. Further experience has convinced me that this method is satisfactory in the examination of a large number of serums for diagnostic purposes. The results obtained are usually either strongly positive or negative when the fixation is carried out at a temperature not exceeding 4°C. (39.2°F.). Slight inhibition in hemolysis is unusual and, when obtained, is always recorded as negative. Serums obtained from patients not syphilitic always give a negative reaction."

"When cholesterinized antigen is used in the original Wassermann reaction with fixation in the water bath at 37°C. (98.6°F.), more positive reactions are obtained than with

simple alcoholic extracts as antigen and fixation in the ice box over night; but serums obtained from patients definitely not syphilitic may give a positive reaction with cholesterinized antigen, and for this reason the result is not always reliable for diagnosis. When the serum has been obtained from a syphilitic patient under treatment, some attention may be paid to a positive result obtained only with cholesterinized antigen, since this reaction is the last to disappear.

"After examining about 3000 serums at the Cincinnati General Hospital, which has a modern refrigerating system, the problem arose as to how it might be possible to secure a constant low temperature of 4°C. or less by a simpler method, in order to make the method of ice-box fixation practical for a smaller laboratory. After a little experimentation I found that the 'Frigidaire' refrigerator, manufactured in Detroit, was satisfactory for this purpose. It is run by electricity at an expense of less than \$5 a month, and can be set to maintain a constant temperature of 4°C. in the lower chamber. It has been my custom to place the rack containing the test tubes in the lower left hand chamber, cover them with a sterile towel, and remove them about sixteen hours later, finishing the reactions by adding the requisite amount of sheep corpuscles and amboceptor and then placing the racks in a water bath at 37°C. Occasionally, serums which have anti-complementary properties, especially when they have been preserved for three or four days, will show a lack of hemolysis in the control tube containing no antigen. Such serums must be tested again, the standard Wassermann technic of fixation in the water bath at 37°C. for one hour being used. Usually it will be found that such serums give a strongly positive reaction by this method."

"As a routine, two alcoholic extracts of syphilitic organs are used as antigens. It is not necessary to employ the Noguchi acetone insoluble fraction of lipoids as antigen, for simple alcoholic extracts give better results when the method of ice-box filtration is used. Comparative results, with the same antigen and the same serums, have shown this method to be more satisfactory than the Hecht method, with active serum. The reactions are always either distinctly negative or positive; slight inhibition in hemolysis occurs infrequently. Results are thus recorded: Wassermann (original) negative or positive, Wasserman (Frigidaire) negative or positive."—(J. A. M. A., April 20, 1920.)

HEMORRHOIDS FISSURE FISTULA

IN practically every case of hemorrhoids, fissure, fistula, proctitis, prostatitis, etc., there is a history of constipation. One primary indication for treatment is to maintain free, easy bowel movements without straining.

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THE MEDICAL PROFESSION REPORT IN THE TREATMENT OF GOUT,
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ITS ACTION UPON THE LIVER IS A TRUE HEPATIC STIMULANT.

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Lessons Taught by Measures for Control of Venereal Diseases.

It is suggested by C. C. Pierce and H. F. White, Washington, D. C., that closer co-operation should be developed between the state boards of health and the Public Health Service, and between state boards of health and local health officers to encourage a uniform method of venereal disease control throughout the United States. Health authorities should recognize the important part unofficial agencies may take in venereal disease control work if the activities of voluntary organizations are properly supervised. Progress will be materially advanced when the medical profession takes more interest in control of venereal diseases than it does at the present time. Every medical college should provide better facilities for preparing future physicians to have a greater knowledge of the venereal diseases. There is need for a wider development of follow-up work in connection with treating persons infected with venereal diseases. Follow-up staffs should be a part of the personnel of every venereal disease clinic, and of the office of every venereal disease specialist. The question of equal treatment of infected persons of both sexes must be placed on a scientific and equitable basis. Careful and thoughtful consideration must be given by physicians, teachers, psychologists and intelligent parents to the question of deciding on the material to be used and the methods of applying instruction to questions of sex and venereal disease prevention.—(J. A. M. A.)

Organized vs. Individual Effort in Research.

In his presidential address delivered at the Cambridge meeting of the British Medical Association, Sir Clifford Allbutt pointed out the complexity of disease and the great advantage that has accrued to research by approaching the problems from a comparative standpoint. To proceed in this way, however, requires a breadth of intellect and a wealth of observation and analysis that are ordinarily beyond the possibilities of the individual. Hence Sir Clifford argues for the organization of investigation on a larger scale commensurate with the needs of such a comparative survey, in which many intellectual forces may combine to work toward common ends. At the present time, says Allbutt, "no one stirs, save to gyrate each in his own little circle. There is no integration, no organization of research, no cross light from school to school, no mutual enlightenment among investigators, no big outlook." "Dis-

eases," he continues, "are not 'entities,' nor even recurrent phases of independent events, but partial aspects of a universal series. The young graduates we have, many of them of great capacity; but every day we are losing them because they are not taken up at once into scientific teams; they are slacken, or drift into some other means of livelihood, and things muddle on as before. How blind we are!"

No one will gainsay the wisdom of much of this advice. The organization of scientific effort, the team play of scientific workers, during the World War illustrates well what can be accomplished in speeding up the development of new ideas, if not their actual creation. It is doubtless true that two heads are better than one. But in our modern enthusiasm for organization we are in danger of forgetting that system and survey and encyclopedic knowledge can never supplant real thinking. Thinking is, after all, an individual performance. Companies or groups of persons do not think together or devise or invent anything or any process except so far as they put together—organize, compare—the products of individual human minds.

Correction of Congenital Clubfoot in Infants.

Isadore Zadek, New York, urges that the treatment of congenital clubfoot should be begun early, at the age of 2 weeks, and it should be continued until the dorsum of the foot rests easily against the lower end of the leg. This position should be maintained for about two months, if there is no tendency to recurrence, as in the average case. In the usual run of cases no brace is indicated. Too much reliance is placed in the use of clubfoot braces. The conventional brace is only retentive and not corrective. Frequent daily manipulations, opposite the original deformity, are essential until the correction is assured. Many so-called relapses in congenital clubfoot, treated early, are due not so much to the tendency for deformity to recur as to the lack of sufficient treatment.—(J. A. M. A.)

Nephritis and Cardiac Dilatation

It is quite common to find concurrence of chronic nephritis and dilatation of the heart. Even so, it is important to determine which factor is the more dominant one in the case, because, if such determination is possible, the appropriate treatment can be more readily undertaken.—(Practitioner.)

Mouth Disinfection

THE great importance of paying particular attention to the mouth was conclusively shown during the influenza epidemic of the past two winters. *In the healthy*, keeping the mouth clean, and as free from bacteria as possible, was found to greatly reduce the liability of contracting disease. *In the infected*, routine mouth disinfection served its greatest purpose by decreasing the danger of their becoming carriers and conveying infectious material to others.

As a dependable means of accomplishing the foregoing



conclusively proved their value. Their frequent use, by both the well and the sick, helped materially to limit the spread of communicable diseases, especially in many a home where the intimacy of family conditions essentially increased the dangers.

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is not an animal hair in their makeup. Ostermoor Mattresses are made in all standard sizes; special sizes can be quickly made to order. Our 144 Page Illustrated Book will be mailed free on request.

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Peculiar Fungus Infection of Skin (Soorpilze).

The condition present in Engman's case looked exactly like that of a tinea inguinalis or that produced by epidermophyton inguinale. The process was very rebellious to treatment. Preparations made with potassium hydroxid in the usual manner for looking for such organisms, disclosed a peculiar fungus. Prof. George Moore of the Missouri Botanical Gardens reported that the fungus belongs to the general group known as the hyphomycetes, or fungi imperfecti. This group is a sort of botanical wastebasket for those forms of which the life history is not completely known, and consequently it is not well defined. The plant belongs to the order Moniliales and resembles to some extent both Monilia and Oidium. There is the strongest probability, however, of its belonging to the genus Botrytis. As to the relation of the organism to other known pathogenic fungi, it comes closest to the well known "Soorpilze" of thrush, which has received some ten or a dozen different names and the precise systematic position of which has never been satisfactorily worked out.—(*Arch. Dermat. and Syph.*, April, 1920.)

Endocrine Imbalance in the Feeble-minded.

One hundred cases of feeble-mindedness were studied clinically and postmortem. Data were collected from a gross pathologic study of this series of brains and somatic organs, especially the ductless glands. In one-third of the cases a microscopic examination of the glands was also made. Aplasia, hyperplasia, pigmentation and interstitial change not due to age, glandular proliferation, anomalies such as absence of accessory organs with lessened or increased function, besides special changes in the secreting epitheliums and cells of the individual and various glands are the main factors included in the summation of the changes. The evidence of gland changes without particular reference to endocrinology is so constant and multifarious that Oscar J. Raeder, Boston, states emphatically that they must be regarded most seriously. There were gland changes of one sort or another in 74 per cent. of cases. Marked gland changes occurred in 21 per cent. With the constant and characteristic bony and soft tissue changes microsomia, lowered resistance to infection, poor circulation, loose jointedness and changes in the glands of internal secretion, Mongolian idiocy bids fair to be founded on an endocrine pathology. The internal secretions begin to exert their influence early in the life of the organism. It is known that permanent adjustments of the other gland and tissues follow on the absence of dysfunction of one gland or set of glands. In order to avoid such permanent changes as infantilism, dwarfism, acromegaly, microcephaly and feeble-mindedness, it is

imperative that these conditions be recognized and remedied by supply the deficient hormone or inhibiting the hyperfunction of a gland early in the course of the disease. After permanent adjustments have formed, improvement is difficult; with early treatment, results are often little short of marvelous. Much of the finer pathology of the ductless glands is concerned with biochemical reactions. Further studies of feeble-mindedness by physiochemical and roentgenologic research would seem to throw more light on this obscure field.—(*J. A. M. A.*)

Effect of Prostate Feeding on the Growth and Development of Tadpoles.

Thyroid feeding stimulated metamorphosis and retarded growth, says David I. Macht of Johns Hopkins.

Thymus retarded metamorphosis and stimulated growth. Confirmed and extended by Rogoff.

Effects of prostate feeding manifested itself in changes both in growth and differentiation of the larvae. As in the case of thyroid it was found that feeding with prostate tended to hasten the differentiation of metamorphosis of the tadpoles into frogs. Noticeable in some cases even after four days. The effect was not so rapid, but it could be fed continuously while thyroid required intermittent feeding. Prostate did not cause shrinkage of size but showed a tendency to stimulate growth above normal.

It was found that prostate feeding tends to stimulate both growth and metamorphosis of the larvae of frogs. The observations speak in favor of an internal secretion of the prostate gland.—(*J. of Urol.*, April, 1920).

Iodine in a Free State.

In giving iodine as iodine, instead of in the form of an iodide, the thoughtful clinician at once understands the secret of its power when it is remembered that as an iodide the greater part of the iodine content is so locked up that but little of its natural force and potency is realized at best, and the disturbances resulting from the iodides must always be taken into account, whereas in Burnham's Soluble Iodine the quick and positive action of all the iodine content present can be depended upon without any deleterious action whatever.

Thus the remedial value of iodine becomes enhanced manifold, and through the added advantage of being able to administer it in any size dose and for continuous periods, the possibilities of the successful accomplishment of the full iodine therapy, in many otherwise intractable diseases, becomes almost unlimited.

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